

May 1946

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THE need for a dependable antipruritic frequently arises in patients hospitalized for other reasons. Especially during prolonged hospital stay is pruritus apt to recur. Exacerbation of chronic pruritic skin affections, or dermatitis due to "sheet burn," is not at all uncommon. Whenever itching must be controlled, regardless of cause, Calmitol Ointment enjoys a special field of usefulness. Its specific antipruritic action is dependable and prompt. A single application, made directly onto the involved area, is effective for hours, permitting of rest and quiet for the patient during daytime hours and uninterrupted relaxing sleep at night.

CALMITOL
THE DEPENDABLE ANTI-PRURITIC

Thos. Leeming & Co. Inc.

155 East 44th Street, New York 17, N. Y.

Calmitol stops itching by minimizing transmission of offending impulses from cutaneous receptors and end-organs. Bland and nonirritating, the ointment can safely be applied to any skin or mucous surface. Active ingredients: camphorated chloral, menthol, and hyoscine oleate. Calmitol Liquid, prepared with an alcohol-chloroform-ether vehicle, should be used only on unbroken skin areas.

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*On the cover: Official Swedish nurse's uniform
Courtesy Red Cross Hospital, Stockholm*

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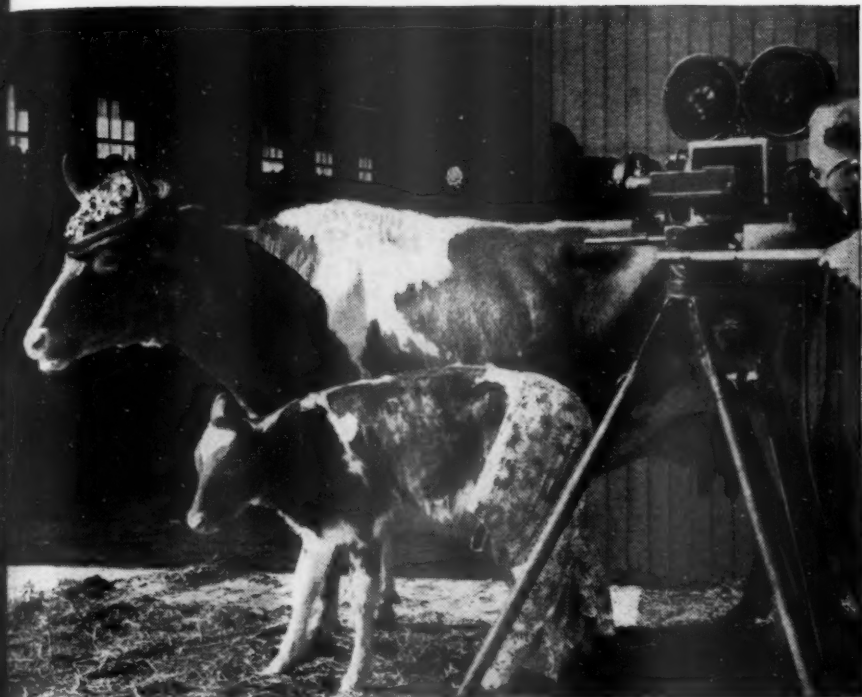
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Mama's in the "moo-vies"!

Though she may never win an "Oscar," nor sign an autograph, she's the star of a picture that's drawing quite a public!

From its title, you can tell the film is something different in movie fare. It's called "Quality Milk Production"—and it deals, not with make-believe, but with scientific methods of getting more and better milk to market.

These methods cover everything from the brushing of a cow to the construction of a barn. They show how to keep equipment sterile; milk scrupulously clean. They bring progressive—and practical—guidance to the 350,000 dairy farmers who will see them on the screen.

Filed by National Dairy, the movie is distributed to U. S. Public Health Services, Vocational Agricultural Departments, Agricultural Extension Services, and state and city Boards of Health. It is shown to farm youth groups, farm associations, grange meetings, and many other such audiences.

In a sense, this picture might be cited as research in action. For it's another means by

which the findings of National Dairy Laboratories reach out to improve milk—nature's most nearly perfect food—right at the source, and protect its purity every step of the journey to your dinner table.

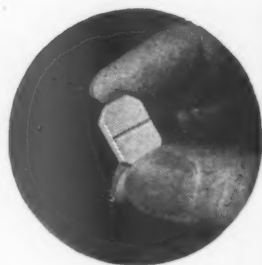
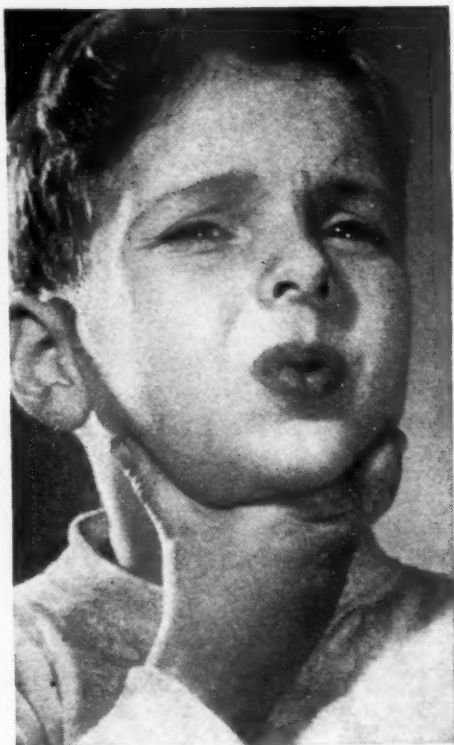
Dedicated to the wider use and better understanding of dairy products as human food . . . as a base for the development of new products and materials . . . as a source of health and enduring progress on the farms and in the towns and cities of America.



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What about Post-Operative care?



Tonsillectomy successful—but patient *uncomfortable*! Simple and safe relief from post-operative pain is available in Nuporals, Ciba's non-narcotic anesthetic throat lozenges containing 1 mg. Nupercaine.

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Many physicians also use Nuporals before the passage of a stomach tube, thereby controlling the gag reflex. Others use them to alleviate pain from trauma, either surgical or dental.

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"Emergency Case!"

*While the city sleeps,
lights blaze in a hospital
ward—they mean*

"Doctors at Work!"

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His battle knows no lulls. But he asks no quarter. All this he knew — and accepted — when those proud letters "M.D." were first affixed to his name.

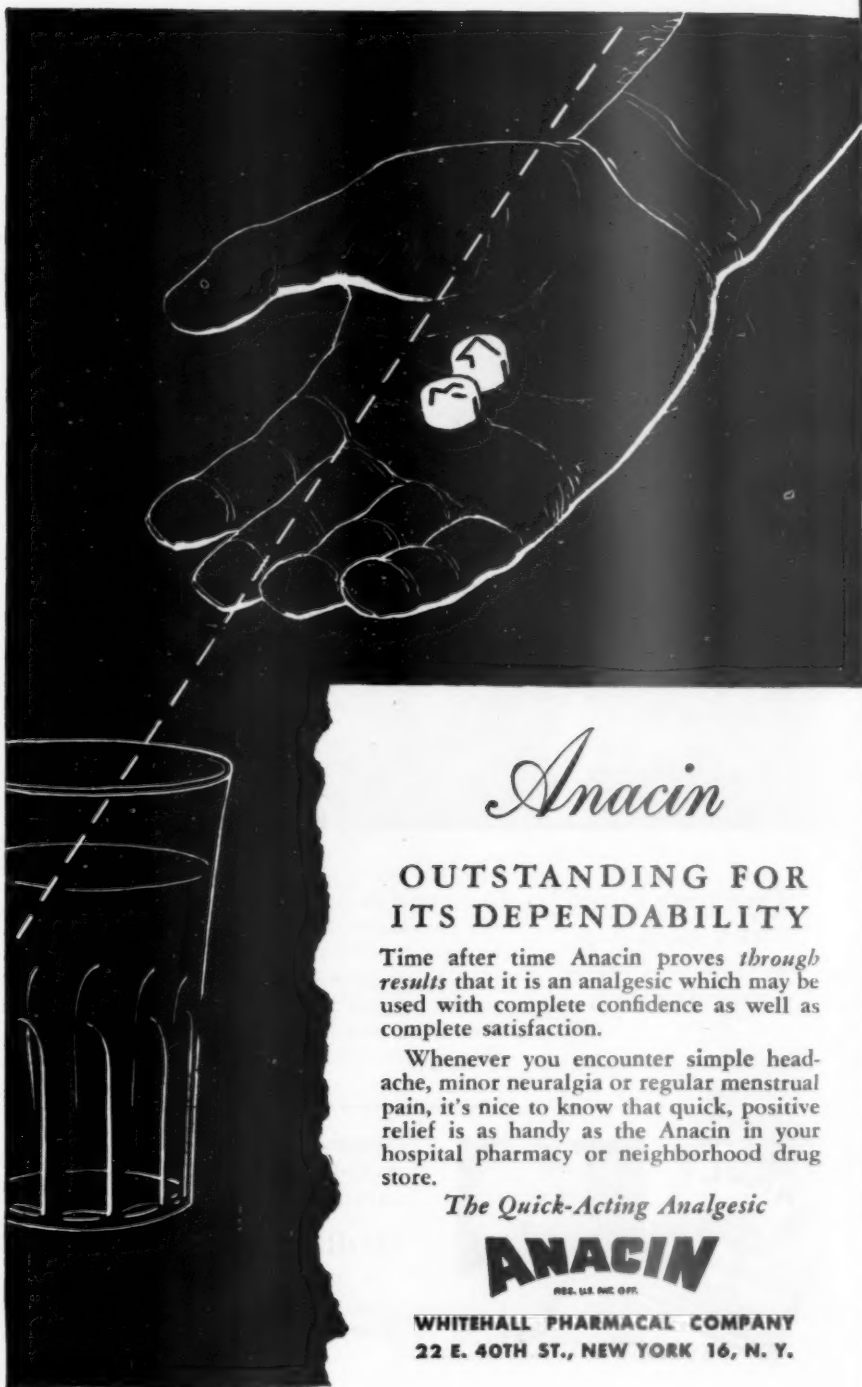


R. J. Reynolds Tob. Co., Winston-Salem, N. C.

According to a
recent independent
nationwide survey:

**MORE DOCTORS
SMOKE CAMELS**

than any other cigarette



The illustration depicts a large, stylized hand reaching down from the top right, holding two white, oval-shaped tablets. A dashed line extends from the tablets, leading down to a glass of water on the left. The background is dark, and the hand and glass are outlined in white. The overall style is mid-20th-century graphic design.

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OUTSTANDING FOR ITS DEPENDABILITY

Time after time Anacin proves *through results* that it is an analgesic which may be used with complete confidence as well as complete satisfaction.

Whenever you encounter simple headache, minor neuralgia or regular menstrual pain, it's nice to know that quick, positive relief is as handy as the Anacin in your hospital pharmacy or neighborhood drug store.

The Quick-Acting Analgesic

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Debits and Credits

Thanks!

Dear Editor:

This is just a note with my change of address to tell you how much we girls overseas appreciated your magazine. It was about our only contact with our outside professional world, and usually every available copy was read 'til it appeared quite battered. You have rendered a great service to those of us who were in service!

MARY JANE NIX, R.N.
BOULDER, COLO.

The Happy Side

Dear Editor:

In the March issue of *R.N.* there was a fine article entitled "You CAN Live Alone—on a Budget!" How refreshing it was to hear the hopeful viewpoint, for in so many cases we hear the weary, depressed nurse complaining of her lot, especially how misunderstood and mistreated she is when it comes to money. Personally, it is necessary to adjust to the individual situation and is not fair to spread misery among other younger nurses who are doing an excellent job.

Why can't we nurses lay off the martyr complex and admit that we

do get satisfaction out of giving good service? Sure, we all have moments of griping, but to let it become chronic is to rob ourselves and others of much happiness. The *R.N.* of today is a free citizen who may enter any one of a hundred fields from anesthesia to politics. Many nurses have family responsibilities which do not last forever, but at all times our hospital training keeps life from becoming monotonous. It is our duty and privilege to encourage younger nurses to enter training, and, when they become discouraged, to help them over the rough spots as others have helped us. It is most disillusioning for the preliminary student to learn that her supervisor is constantly disgruntled, that she is often disloyal to the hospital management, and that in private life she may be an alcoholic. Those are the things that take the joy out of training!

R.N., MIAMI, FLA.


Vet R.N.'s

Dear Editor:

I was particularly interested in "Memo from the Editor" [*R.N.*, February] because for some time now I have been working on a plan for the organization of veteran

TRY THIS NEW CREAM FOR DRY SKIN ROUGH HANDS

AT NO COST TO YOU



An all-purpose lanolin compound cream, fully effective yet with none of natural lanolin's greasiness, stringiness or objectionable odor. LAMO (Nason's) cleanses and softens the skin, supplies fatty materials which may be lacking or removed by harsh detergents or antiseptics and at the same time affords protection more lasting than "Washable" ointments. Applied before going on duty LAMO gives this protection throughout the day; used after washing it soothes and restores the suppleness of the skin. LAMO is a valuable aid to nurses and technicians who wish to keep their skin soft and normal—as a matter of pride and for the comfort of their patients.

In 1-oz. and 4-oz. tubes and 1-lb. jars. At druggists or direct from Tailby-Nason Co., Boston 42, Mass.

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Please Send me FREE Sample Tube of LAMO

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RN-5-46

nurses. Now, I am happy to say such a chapter does exist. On April 5, 1946, 23 nurses formed a nurses chapter of The American Veterans Committee.

We hope to be able to work in close cooperation with the existing nursing organizations, and with civilian hospitals, in an effort to solve their problems as well as our own. We would be grateful for suggestions from nurses outside the Detroit area, and we only hope that other such chapters will be formed. For those who are interested, we will be happy to supply information about our organization.

ALICE ANDERSON, R.N.
DETROIT, MICH.

[Similar interest has come in from a variety of cities. The Detroit nurse A.V.C. chapter held its first meeting April 15.—THE EDITORS.]

"Progress"

Dear Editor:

I was extremely interested in the A.N.A. survey of "What Doctors Think of Nurses." [R.N., January]. When I recall the subordinated position—and one that is seemingly accepted gratefully!—of the nurse from probationary days to supervisory days, I shudder. Recently, a neighbor's daughter asked me to talk nursing with her as she plans to enter training after high school. I do believe if the nurse trainee, student, and graduate were treated as individual persons instead of as stupid underdogs, and if the wage and hour situation were improved, the remain-



Like to get away from it all, Nurse?

Get in your car for a real vacation on the beautiful Michigan peninsula, and enjoy a unique side trip.

This is a suggestion with an invitation tacked on. Ever hear about the beauty of the Michigan peninsula? It's a land of lakes, woods and picturesque little towns with a flavor all their own . . . one of America's great playgrounds.

About that side trip

Not only will you enjoy a trip through this beautiful part of the country, but you can spend a day with us at Fremont going through our Baby Foods plant. Folks who have made the trip

say it's something not to be missed!

You'll see the careful inspection, the washing in pure, deep-well water, of the quality fruits and vegetables.

You'll see the cooking being done *by steam* . . . to retain the utmost in mineral and vitamin content.

You'll see the baby foods packed and sterilized right inside the container, ready to feed America's babies.

In short — you'll see Gerber's "quality-control" in action. And you'll know why so many millions of American mothers always ask for Gerber's — with "America's Best-Known Baby" on the can label.

Ask for Mr. Steve Nisbet when you arrive. He'll see that you are taken care of in the old-fashioned American way. It's a date!



 **Gerber's Baby Foods**

FREMONT, MICH.—OAKLAND, CALIF.

If YOU are a NURSE . . .

You will appreciate the first hand information R.N. gives you.

Contrary to all beliefs that the West has been conquered, new fields are just opening in all Pacific States, particularly in Southern California.

Because of our rapid growth, we do admit that housing problems are great, but—our needs, too, are great, and . . .

We are able to place you permanently in many fine positions which offer attractive living quarters.

This is *your* opportunity to find *your* place and it is our pleasure to serve you.

ALASKA Hospital needs two general duty nurses. Salary \$180.00 per mo. Apartment will be available.

Industrial R.N.—Good opportunity with growing company. Starting salary \$175.00. Must be under 35 yrs.

Teaching position in School of Nursing—Idaho. Prefer R.N. to be single, Catholic. Salary open with full maintenance.

X-Ray Technician—busy clinical laboratory, good working conditions, downtown Los Angeles. Salary, open.

Dental Hygienist—with experience, B.S. Preferred—for office position. 5 day week. Salary —\$80.00 per week.

Anesthetist and General Duty Nurses—California—70 bed hospital. Prefer applicants with good experience. All salaries open.

Laboratory Technicians—who can qualify for California Registration have excellent futures here with starting salary \$200.00 to \$225.00 per mo.

DUNNE & DUNNE AGENCY

724 SOUTH SPRING ST.
LOS ANGELES 14, CALIF.

ing annoyances might be overlooked.

It seems a remarkable thing that the West Coast nurses' associations have been doing such progressive things while other sections are so slow. The letter from an Oakland R.N. [*R.N., January*] saying the municipally-employed nurses had joined the C.I.O., bears a warning to any of us who do not take active part in our professional organizations.

JEAN DONALDSON, R.N.
PACKANACK LAKE, N.J.

Disabled Vets

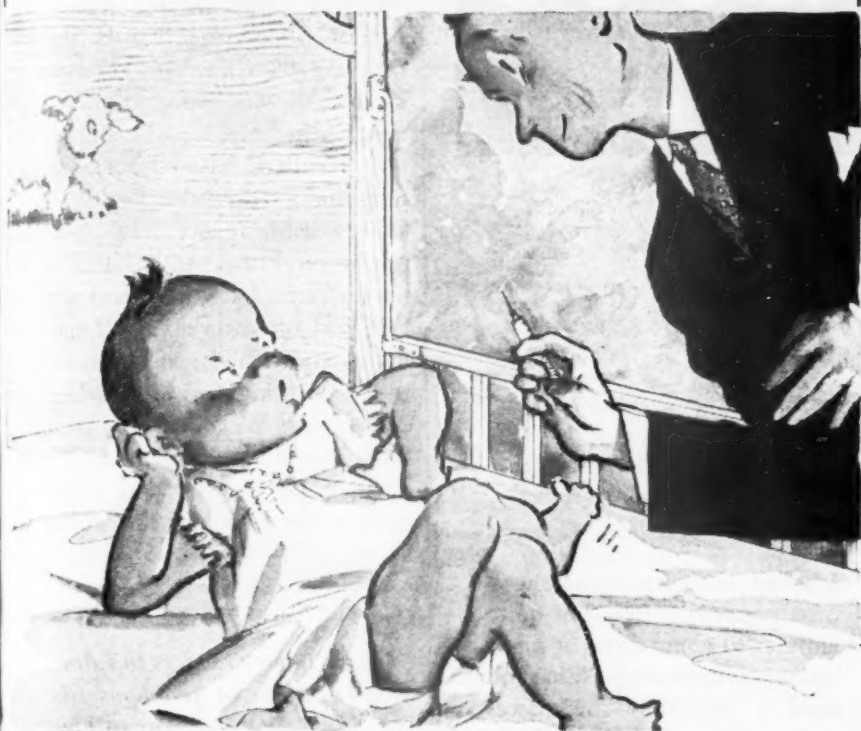
Dear Editor:

I read the discussions in "Debits & Credits" every month and I'd like to see a discussion of the problem of the disabled nurses who have been and still are being released from the services. Some of us are lucky—we draw retirement pay—while others may get a small pension or nothing at all. They talk about the great nursing shortage, so there must be some place that we would fit in.

For myself, just knowing that I could do something would help a great deal. I have a hand that is partly paralyzed and can be very painful, and a chest that can be troublesome in damp weather. I tried part-time floor duty in a small hospital and wound up doing one day's work and six days' penance. I have a B.S., but teaching takes a patience and fortitude I don't possess. When I say I am retired at 25, I say it with a bitter taste in my mouth . . .

A good friend of mine ran into this

"Aw, quit needling me, Doctor!"



**With Cutter D-P-T, only 3 shots
needed to immunize against
diphtheria, pertussis, tetanus**

Why inflict 9 shots—when only 3 of Cutter D-P-T are equally effective?

Every cc. of D-P-T contains more than a human dose each of diphtheria and tetanus toxoids, plus 40 billion pertussis organisms. Grown on *human blood media*, pertussis organisms for D-P-T are guaranteed to be in Phase 1.

In addition, purified toxoids and extremely high pertussis count yield a vaccine so concentrated that your dosage schedule is only 0.5 cc., 1 cc., 1 cc. Thus, undue pain and tissue distention is eliminated.

Cutter D-P-T (Alhydrox)—in contrast to alum precipitated vaccines—presents less pain on injection, and avoids almost entirely both persistent nodules and sterile abscesses. You, and your baby patients, will appreciate its many advantages.

Cutter Laboratories, Berkeley, California
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Fine Biologicals and
Pharmaceutical Specialties

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It's one thing to count sheep on a grassy meadow, but quite another to count them at night 'cause you can't sleep. What you need is "NODS"—the answer to the noise problem. These little pink noise mufflers of Goodyear Airfoam Latex are waxed on one end and ready to insert. Even a city slicker relaxes into deep, untroubled sleep. 3 pairs \$1 (3 months' supply).

MONEY BACK OFFER

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NODS. If I'm not entirely satisfied, my
money will be refunded.

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RN

strange attitude in her own hospital where she'd served as floor supervisor for two years before joining the A.N.C. She wears five battle stars that weren't Christmas presents and because of her Army contacts with dengue, malaria, and amoebic dysentery, has been advised not to try full duty for a year more. The nurse in charge of hiring at a large, Midwestern hospital told her, "You ex-service nurses come back here and want all the good jobs after going off and leaving us in the lurch; then you criticize the way things are run when you come back. We don't like your attitude. We've worked harder than you have during the war and even managed to open up new floors with less nurses."

What solution is there?

R.N., ROCKFIELD, IND.

[R.N. invites readers to submit further examples of problems like this one, plus suggestions as to how partially disabled veterans may find some sort of useful employment in nursing. —THE EDITORS.]

Unappreciated

Dear Editor:

I am not an R.N. but I hope to be.

During the war I worked in a hospital as a volunteer. Can you imagine how I felt when I read in the letter "Penny Wise" [R.N., January] that the only reason thousands of girls like myself were allowed to work in hospitals was because we were cheap labor?

While I was working, none of the other nurses left their former jobs to



“for this relief...
much thanks”

—Hamlet

Patients echo these words of Shakespeare when the physician provides prompt, effective control of itching. With the coming of Summer ...exposure to sun, wind, insects, and poison ivy . . . his services in this complaint will be doubly in demand.

And they will be doubly effective, too, if ENZO-CAL is prescribed, for this pleasing, *greaseless* cream provides not only immediate relief, but long-lasting comfort. ENZO-CAL contains benzocaine which produces a mild local anesthesia of the affected areas, *plus* semi-colloidal calamine and zinc oxide which remain as a soothing, healing, protective film on the skin.

For sunburn, windburn, insect bites, poison ivy, chafing, heat rashes and other summer complaints, prescribe



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CROOKES
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Available in 2 oz. tubes and
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Evenflo — America's Most Popular Nurser

Everywhere you go, you see babies being fed with handy Evenflo Nurers. Mothers, and sometimes fathers, write us that the modern Evenflo is far superior to the old type pull-on nipples. They say Evenflo makes baby feeding just as easy while traveling as at home.

Doctors and nurses report that Evenflo's valve-action nipple enables babies to finish their bottles better and get more benefit from their food.

The Pyramid Rubber Co.
Ravenna, Ohio



Evenflo

Modern Nurser 25c

(Separate Nipple, Bottle or Cap, 10c)

do "maid" work; there were maids who were paid to do the dishes and clean the kitchen. The aides I knew, and myself, did not go to the hospitals to take the jobs away from the R.N.'s and students, but to help them out because of the shortage. The work assigned to the aides was not general duty nursing. My work was serving trays, fixing flowers, running errands when the nurses were busy.

Did our attempt to help actually lower the standards of the nursing profession? I certainly didn't think the nurses' attitude would be resentful of volunteers.

A VOLUNTEER,
BRIDGEPORT, CONN.

Courses

Dear Editor:

Now that so many of us ex-G.I. nurses can take advantage of the G.I. Schooling Bill, we would like to know what schools and universities offer courses for R.N.'s. Also important to us is the quality of the schools. If R.N. could publish a list to guide us, it would help a lot.

MARY G. LAWRENCE
QUINCY, MASS.

[The National League of Nursing Education, 1790 Broadway, New York City, will send a list of approved schools offering graduate courses in nursing. You may apply, then, direct to the school of your choice for details on eligibility under G.I. Bill of Rights. New courses worth investigating are those in industrial nursing leading to a degree.

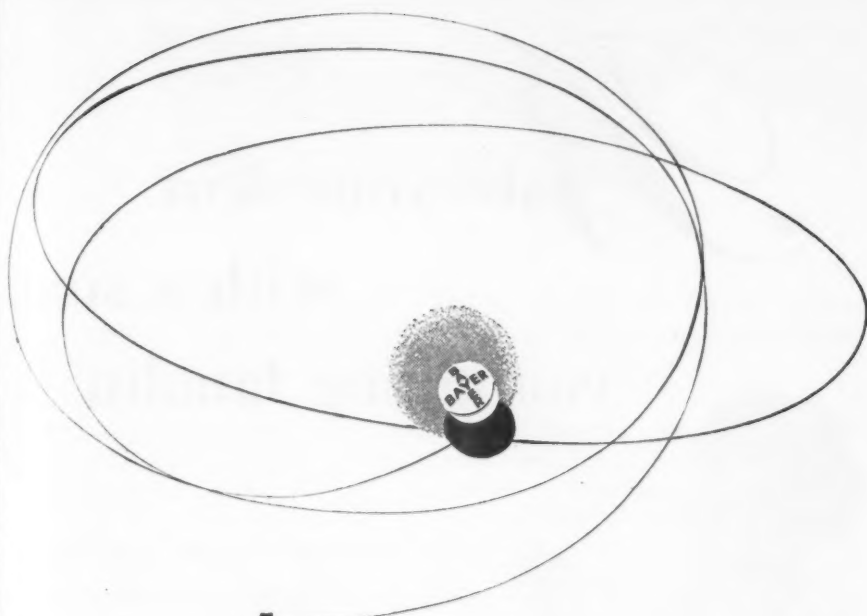
—THE EDITORS.]

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In a single year
doctors have written from
ten to twelve million prescriptions
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The Bayer Laboratories at Rensselaer, New York, have specialized in the making of Aspirin for over 46 years.

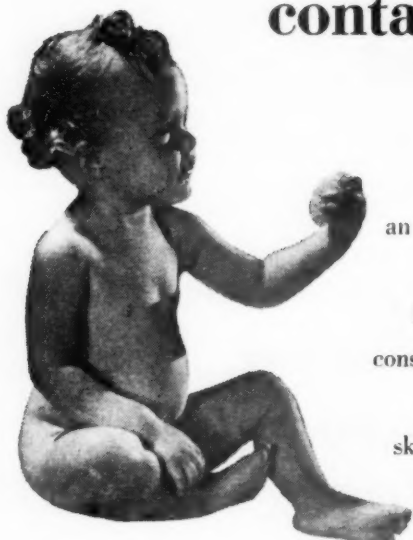
To insure the quality, purity, uniformity and quick disintegration of Bayer Aspirin, seventy different tests and inspections are used.



BAYER Aspirin

*Estimate of a leading authority on pharmacy after a survey of thousands of prescriptions.

Baby your skin with a soap containing lanolin



The lanolin in 'Hazeline' Toilet Soap is an aid in preserving the soft flexibility of the skin and is particularly welcomed by nurses and physicians who are constantly exposing their skin to repeated washings... Whether it be for the sensitive skin of infants, or as an aid to your complexion, 'Hazeline' Toilet Soap is gentle, safe and soothing. Its rich abundant lather seeps down into the pores and actually floats out grime, old make-up and other clogging material.

'Hazeline' Toilet Soap is a preparation of the Burroughs Wellcome Company.



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Hazeline' Toilet Soap

BRAND

Science Shorts

Three doctors in California reporting on 1,620 consecutive patients with pneumococcic pneumonia, conclude that combined penicillin and sulfadiazine therapy was the most effective treatment resulting in the gross mortality of only 1.5 per cent.

From India comes a report on 12 cases of acute nephritis in children treated with penicillin. Eleven cases recovered satisfactorily.

The treatment of undulant fever with brucellin, a preparation made of beef liver broth, has been reported from California. Only eight of 70 patients so treated did not show marked improvement.

Over 277,000 mice and fifty million fruit flies were bred by the University of Rochester for use in the study of atomic radiation.

A combination of sulfadiazine and sulfathiazole reduces the incidence of renal toxicity and is preferable to the administration of either sulfa drug alone, according to Dr. David Lehr of New York.

The degree of dermal staining during the continued use of atabrine appears to be a result of individual sen-

sitivity, and is not related to the length of time the drug has been taken.

Treatment of Allergy sufferers with ethylene disulphonate has proved satisfactory in some 200 cases during the past three years, according to Dr. W. Merritt Ketcham of Kansas City, Missouri. Patients had remission of symptoms for from six to eighteen months after receiving one or more injections of the chemical, according to the report.

It is believed that the limit of man's altitude tolerance without oxygen is between 26,000 and 31,000 feet.

It has been estimated that men of the United States Navy generally eat about 12 per cent of their calories outside of their regular mess hall in the form of candy bars and pastries.

Efficiency is reduced 30 to 40 per cent, heart action hastened, and blood pressure raised due to noise.

A report in the *Journal of the Medical Association of Georgia* tells of 113 patients who are undergoing too rapid growth. Sixty-seven were treated with glandular extracts, which resulted in 77 per cent inhibition of growth. The report indicates



A BOON TO BUSY NURSES

Save time! Save energy!
Minipoo, delicately scented powder, is the new dry shampoo that gives you clean, shiny hair in a jiffy. Removes oil and odors; leaves hair soft and lustrous. Tell your patients about it!

NO SOAP • NO WATER • NO DRYING

MINIPOO

THE DRY SHAMPOO

30 Shampoos with Mitten 100 after use

AT DRUG AND DEPT. STORES

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that growth may be safely retarded by the administration of stilbesterol or alpha estrodial benzoate with calcium and vitamin D.

The continued use of atabrine in doses of one tablet a day appears to have no effect on the visual acuity of the average individual.

The Army Medical Department has announced successful treatment of malaria with a new antimalarial specific, SN-7618. One day's treatment with the new drug promptly controlled fever and other symptoms, and parasites rapidly disappeared from the blood. While observation periods of four months showed that 75 per cent of the men tested suffered relapses, the interval between attacks was found to be longer when SN-7618 had been used as against the group treated with atabrine or quinine.

Large groups of people in Europe are subsisting on less than 2,000 calories a day and some are receiving as little as 1,000 calories a day.

Recent studies give promise of new insight into the complex psychologic mechanism involved in syncope, according to a report in the *New England Journal of Medicine*. In an experience with 6,132 blood donors, 689 cases of syncope were encountered and a frequent history of prior faintings is especially noteworthy. The reasons for this transient form of vasomotor collapse has not been determined. The most effective immediate

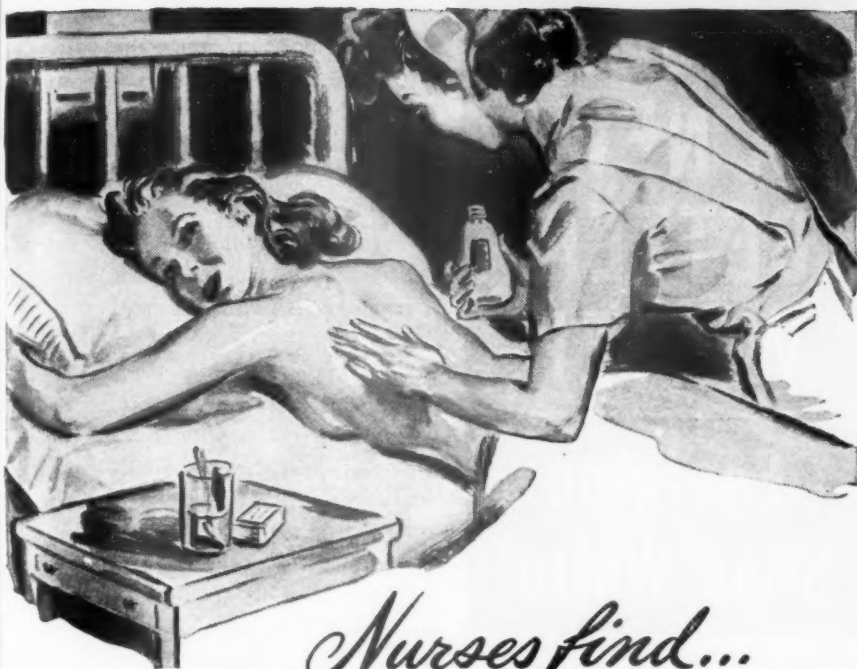
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Nurses find...

NEW USE FOR TRUSHAY

TRUSHAY, of course, was formulated as a lotion to be used *before* washing the hands. It helps protect them from the effects of hospital work, constant scrubbing with soap and water.

Some nurses also use TRUSHAY as a rub in place of alcohol. They tell us that massage with this fragrant, delightfully creamy lotion brings comfort to the bed-weary patient, helps prevent pressure sores and sheet burns. Because of the gentle action of TRUSHAY's bland ingredients, it can be used freely, even on tender skin.



Try TRUSHAY today to keep your own hands soft and smooth and as a massage for the greater comfort of your patients.

A Product of **BRISTOL-MYERS COMPANY**

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Now! A NEW, BETTER, WHITER --- Energine Shoe White!

Here it is—the wonderful new, whiter Energine Shoe White you've been waiting for! Actually makes dirt and smudges disappear—and, at the same time—whitens your shoes beautifully, with a fleecy white finish that's uniform from toe to heel!

Try this new, improved, whiter Energine Shoe White—and see for yourself what it does for your shoes! It's easy to use, goes on in a jiffy, and there's nothing that stays on better! Get the big bottle today.

Remember—Energine Shoe White
does two things at the same time:

*Cleans
as it
Whitens!*



treatment is to place the patient in a supine position with the lower extremities elevated; it is important to keep him at rest until the blood pressure has returned to normal levels, according to the report.

In men removed from infected areas, filariasis has been shown to run a self-limited course.

A report in *Occupational Medicine* states that certain psychologic principles of work apply to both the able bodied and the physically impaired, and that great damage can be inflicted on either group by poor selection of the type of work to be undertaken. There is no simple formula for evaluating capacity for work or job requirements as a host of factors must be taken into consideration. Therefore, periodic psychologic and physiologic examinations are urged for all workers.

Cottonseed oil used in cooking caused 17 cases of paralysis affecting the muscles supplied by the sciatic nerve, according to a report from England.

While 51 per cent of diabetic patients with frequent severe insulin reactions were found to have abnormal electroencephalograms, administration of insulin over long periods of time has no apparent affect on electroencephalograms and long duration of diabetes does not alter the incidence of cerebral dysrhythmia, according to a report in the *New England Journal of Medicine*.

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Seattle Union— Some pros and cons

A CLOSED-SHOP UNION CONTRACT has been signed by the registered nurses and all hospital personnel except the superintendent at the small St. Luke's Hospital in Seattle, which is running a daily patient average of 35 to 40. Before the contract went into effect March 15, the hospital employed fifteen nurses, and several undergraduates and nurses' aides. The increased personnel required in reducing the working week from 48 to 40 hours is still being adjusted.

The hospital is owned by a clinic of physicians who do not belong to the county medical society. The clinic does contract medicine, and the clinic nurses have been union members for some time.

Nurses at the hospital voted unanimously for union membership in the Building Service Employees International Union (A.F.L.) at a meeting in the hospital attended by nurses and other hospital employees. However, they are far from unanimous in their personal reactions.

"We don't really believe in unions, but we were told it was best for the hospital," one nurse said. "I voted for it because it gives us better pay for shorter hours," one answered definitely. "I think unions are a fine thing if they help, but I can't see how they help any; my salary will go on just the same." "Being a nurse, I don't think it right to belong." "I

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We are not denying that there may come a day when all of life's problems will be dealt with by a simple readjustment of the thyroid . . . but until that day arrives most of us will probably be seeking contentment along more conventional routes.

The people with professions (RN's for instance) usually find that congenial surroundings and co-workers are major factors to be considered. That's the reason we try to analyze your personality as carefully as we appraise your professional qualifications when you give us an opportunity to refer available nursing appointments to you. Some of you are at your best on the staff of a small town hospital where every patient (except the chance highway accident case) is a personal acquaintance. Others feel burdened by this "closeness" and are more efficient, freer individuals in a metropolitan institution. If you aren't sure of your own qualities, we may be able to help you make a decision as we come to know you better.

Any RN contemplating relocation at this time is invited to write for our analysis sheet without further obligation on her part. Our service extends to RN's everywhere and is conducted on a confidential basis.

M. BURNEICE LARSON

Director, THE MEDICAL BUREAU
Palmolive Building Chicago 11

think it's smart for a nurse to belong to both a union and her professional association." "I'm going to quit and work elsewhere. Nurses have been underpaid, and should get a break but this is the wrong way to go about it." "I don't see how a nurse can stop on time; if patients need attention, you have to stay if you're a nurse."

The union contract starts staff nurses at \$180 for days, which is a little higher than the contract large local hospitals have with the district nurses' association, and lower than the staff section is asking for the new association contract. The hospital will pay the cost of a policy giving free clinic and hospital care for liberal periods for pre-existing as well as new conditions requiring treatment. This free medical and hospital care, and the sick leave with pay for two weeks, which may accumulate to four weeks, and the placement under the State workmen's compensation act are strong talking points of the union.

Because of the closed shop agreement, the union will send required nurses to the hospital. If the union is unable to furnish a nurse, the hospital may hire anywhere, but the new nurse must join the union within "a reasonable time." Union dues are \$5 initiation, and \$2 a month. It is not a payroll deduction, but to be paid by the nurse directly to the union.

While present attitudes of nurses vary from approval to bewilderment, to frank refusal to stay, all are keenly interested in the future working-out of the situation.



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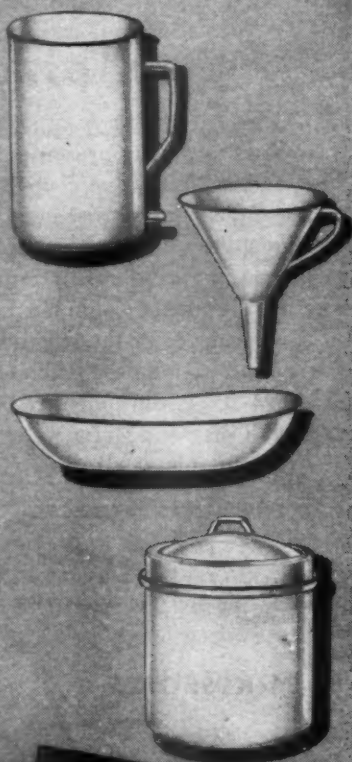
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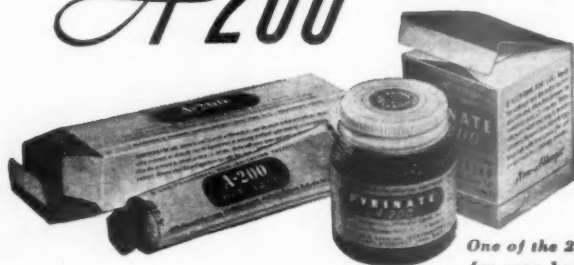
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Memo from the Editor

ON MAY 12TH—which is Florence Nightingale's birthday as well as Mother's Day—this nation began its intensive campaign to conserve food at home and share it abroad.

We want to urge all R.N.'s to do their part in interpreting this program to the public. We want to urge also that R.N.'s help individually by cutting down food wastage in hospitals—and, for that matter—in their own kitchens.

Last year, as we pushed through Bavaria toward Munich, we found town after town with well-stocked cellars and attics. The German people were fat and rosy cheeked. But the farms and dairies and orchards of France, the lowlands, and little Middle-European countries had been stripped systematically during all the years of occupation. What had not been stolen had been destroyed by shellfire; and, wherever the armies had passed, the fields were pocked and scarred beyond use for many years to come.

On V-E Day every highway in Germany was crowded with displaced persons, aimlessly wandering, their bellies bloated, limbs emaciated, heads grotesquely out of proportion to the rest of their bodies. They were the tortured Czechs, Poles, Slavs, French, and Belgians of labor camps and prisons like Dachau, Buchenwald, and Belsen. There were hundreds of thousands of them trying to find their way home, with no means of feeding themselves and no food to feed them. We knew them as patients in our hospitals—demented by hunger, too starved to comprehend victory and subsequent freedom.

One year of peace has made little dent on the food shortage in Europe and the Orient. And here at home it is still difficult to convey the sensation of hunger to a country in which the appetite is usually satisfied the moment after it has been aroused. With her professional and humanitarian experience, the R.N. can exert a tremendous influence on public opinion. We hope she will accept this challenge.



Should Married Nurses Work

by Jean DeWitt Fitz

MISS AND MISSUS are sparring again! The ethics of a married woman working are being questioned in the press and on the lecture platform, and prewar arguments, like a G.I.'s mufti, are being taken out and aired. R.N.'s, still scarce as butter in most localities, are nonetheless thinking of the day after tomorrow when there may be too many nurses available. Intelligent opinion has been sought on this question and R.N. presents it impartially, in the hope that both maid and matron will understand, if not agree, with each other's point of view.

In one instance only is the married nurse allowed *carte blanche* by both factions to follow her profession, and that is in adversity. Given an invalid, incapable, or inebriate husband, and/or stringent financial difficulties and she is urged to work, plus being aided and abetted by her sisters-in-nursing. But, if her spouse can balance the budget on his own, the working wife is suspect and fur flies.

"Woman's place is in the home, if she's lucky enough to have one," Miss S. propounds. "Only a super ma'am could run a decent home after an eight-hour nursing job. One or the other is bound to suffer, and nine times out of ten, it's the job. Just watch the married nurses scamper when the night shift comes on.

Clock-watchers, every one of 'em!"

"Maybe you'd scamper home at the delightful prospect of cooking dinner for four, but not me," says Mrs. M. "And as for clock-watching, ask any honest supervisor which gives her the most trouble—the married nurses or the girls with dates in the offing. The only time I ever did mooning on the job or hurried off was when I was young and boy-crazy."

"The brides are still boy-crazy or husband-crazy. And you've just admitted you have to cook a dinner for four. That takes planning, doesn't it? And shopping, and cooking, and cleaning up? You have to clean your house, too, and give some attention to your children. Admit it, aren't you



too exhausted after all that to be an efficient nurse?"

"No. One advantage in being a housewife is that one learns how to plan and how to save steps. I do the cooking but my mother, who lives with us, helps with the other household chores and keeps an eye on my little girl. You won't find many active

ork
urses with families who don't have
me kind of competent help at
me."

Right there Mrs. Married brings up
point to which the majority of work-
g matrons subscribe. They say that
ey have planned their schedule so
at neither home or job suffer neg-
f'em!" t. Usually they have a servant or
home an adult member of the family to as-
ooking st them. Some, more adept in the
ne," say nursing than the culinary arts, prefer
atching work so that they can afford a good
which gives ok.

marrie "I do private duty so my family can
es in the ave better food, better prepared,"
did are ne says. "Is there anything unethical
ed off in that?"

nd boy The retort is that "one cannot live
y bread alone." Are other physical
crazy or psychological needs of the family
just ad isregarded because the mother is
anner for sistent eight hours a day? Is she al-
owen't it owing enough time for rest and per-
ng, and sonal adornment? If she can answer
an you these and other questions to her sat-
ttention sfaction, there is indeed no ethical
en't you reason why a physically capable
oman should not continue in her
profession.

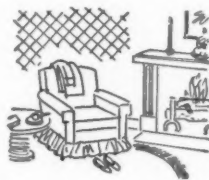
Referring to psychological prob-
lems, the opposition claims that the
married careerist is torn by conflict-
ing loyalties. If she is conscientious
her mind wanders from the job to the
thought of her family's welfare, and
when at home she wonders if she has
given full measure to her patient. She
how to is apt to be torn, too, by her husband's
do the expressed or silent disapproval, since
o lives most men still oppose their wives
house- working.

on my "But my husband approves of my
active nursing," Mrs. M. declares. "We have

drawn closer together because we
have a common goal—earning a col-
lege education for our daughter and
raising our own standards of living.
We appreciate our leisure hours far
more than the average couple and my
little girl and I have a delightful re-
lationship because each considers it a
privilege to be with the other."

At this remark Miss S. develops
high blood pressure.

"For every one of you, there are a



dozen other working wives going
through emotional high jinx," she
says. "Katie cries herself to sleep be-
cause she's neglected her personal
appearance and thinks her Tom is
stepping out. Barbara is too tired
nights to even be civil to her nice
husband, and Sylvia threw a tantrum
in front of her patient just because
she was worried sick about her ane-
mic baby. And suppose you and a
handful of others *can* manage all
right. Is it fair for you to have a hus-
band who can support you and a job,
too? That gives you your bread *and*
your cake, depriving some of us spin-
sters of our bread!"

"Stuff and nonsense! Why I know
single nurses who work to have a
mink coat. Are their problems so dif-
ferent from ours? One has a sick
mother, another contributes to her
sister's education, and as for compe-
tition—a good nurse will always have
a job and doesn't need to fear the

married R.N., most of whom only work for a short time anyway."

Whatever validity there may be in this statement, it will be questioned when there are more nurses than available jobs. Luxury nursing was criticized in wartime. Luxury nurses, nurses who have other means of support, will be on the defensive if depression strikes again. Married R.N.'s, supporting their right to work, have already prepared arguments against that day. Marriage is not just a meal-ticket, they say, a one-way passage away from one's chosen career. Especially in times of economic chaos, a wife may choose to help her husband maintain or raise standards, possibly to afford a baby that could not otherwise be supported. She may have a great deal to offer the profession, in her education and particular nursing aptitudes. It would be charitable for her to allow an indigent single nurse to substitute for her, but the patient who might suffer from the change would not agree.

Many patients prefer married nurses, the defense declares. A public health nurse who is married and has children can often secure the confidence and cooperation of patients where a spinster fails. A comparison between "my Johnny" and "your Bill" will often win friends and influence recalcitrant mothers.

A slightly prejudiced but understandable case for the defense is stated by a housewife with grown children who answered the call for R.N.'s at the war's outbreak.

"You don't play fair with the married nurses," she accuses. "During wars and other emergencies you

call on them, say they're unpatriotic if they don't work. You told them they were backward and lazy for not having kept up with their profession. When they have taken refresher courses and worked diligently throughout the critical period, you turn right-about-face and say 'get out. You aren't wanted here.'"

It was inconvenient for many re



tired R.N.'s to return to duty during the war. Economically, they were better off than ever before, servants were scarce, and household management trying. Some had husbands or children in the Armed Forces with attendant emotional stress. A good percentage of them answered the call and did yeoman's work during the emergency. Are those who are competent and wish to continue nursing to be summarily dismissed with a "thank you?"

But, the single nurses counter, we must think of the profession as a whole, not individual cases. We shall try to be tolerant of them. We feel that the married nurse has primary obligations at home and we contend nursing comes first. Take the matter of cooperation in hospital duty. The matron doesn't have an adequate feeling of camaraderie and teamwork with her fellow nurses. She doesn't live with them nor pretend to understand their problems. Because her relationship ends with them at the

close of the working day, she tends to be a lone wolf acting independently. She demands day duty, and gets it, while single nurses take the night shifts, regardless of *their* personal and home obligations. This causes animosity among the staff.

"And don't forget," says Miss S., "the carelessness most of them exhibit in their work. They don't have the incentive that we do to rise in the profession. In fact, a position of responsibility would be detrimental by cutting into their home life. Since they are not seeking advancement, they are too often lax on the job."

Consulted on the matter of laziness on the job, a prominent surgeon declared he could not attribute it to marital status.

"Carelessness and reliability are in-

herent characteristics, and marriage won't change them," he says. "But nagging personal problems will affect any nurse's efficiency. Who's to compare the distracting elements caused by a single or married woman's private life? Doesn't it all boil down to the individual personality?"

Most liberal minded nurses seem to concur with the surgeon's theory. Married or single, they subscribe to the doctrine of individual responsibility and would hesitate barring anyone from the profession who can contribute to it and gain from it.

"Be careful of nurturing prejudice," they say. "There is danger in jumping to conclusions and condemning a whole class of women because a few of them are untrustworthy." [Continued on page 66]

Probie



"I was tramped on by a herd of relatives."

Nursing Around the World:

Spotlight on Sweden

by Gloria Olson



SWEDEN AT PEACE is in the paradoxical position of a country that technically has never been at war, yet because of her geographic ties with Norway and Finland and her own socially conscious people, she has in many ways felt and experienced the hardships and privations of war as much as if she had been actually fighting.

Her men from twenty to forty-five were conscripted for at least a year and a half. Hospitals were swamped with sick and malnourished refugees. Cities were overcrowded and much of Sweden's natural resources and living commodities were drained to aid war-torn Finland and Norway. Added to this was the tension of having the many warring legations and embassies within close contact. As one Swedish woman said, "We were a veritable spies' nest . . . all kinds, English, German, American, Japanese . . . very civil on the surface and glaring at one another underneath, and at us too, if we dared to show any favoritism."

No, Sweden has morally and economically been in the war from its beginning and was affected by peace as much as any liberated country.

While the war primarily did have

a bad effect on Sweden, it also brought about some good results. One is in the increased tempo of industry. Sweden has progressed enormously in the last 50 years from an agricultural country to an industrial nation, and war necessitating increased production of food, clothes and other essentials has brought about increased efficiency, speedier production methods, and an appreciation by the people of the value of an industrial country.

Nursing too, has received an impetus through the war that is being continued under peacetime plans. Although Sweden has a government-approved and subsidized public health program, with hospitalization, workingmen's compensation, maternity benefits, low cost housing programs,



Stockholm mothers bring their babies to this free health center for care. Booths in waiting room are separated by glass partitions.

and numerous other social benefits, the profession of nursing has not received an equal amount of help from the government. In Sweden, as in the U.S.A., living and working conditions for nurses are not up to the standards of other professional groups. The reason for this is well stated in an article entitled "We Don't Want To Be Nurses" appearing in one of the Swedish weekly magazines.

"A heated discussion is centered around the function and position of the nurse in modern society. The old idea that being a nurse was a 'vocation' and not a profession is now met

by the indisputable commonsense by which the nurse is regarded as a qualified professional woman worthy of becoming financially and socially an equal of other similar groups. The nurses themselves are fighting a hard battle for a better and financially more advantageous position. They want the Florence Nightingale romanticism to be superseded by a more realistic approach to a disfavored but extremely responsible profession."

The system under which nurses are trained in Sweden and their post-graduate organization later on is comparable to ours, except that it is



their
center
room
tions.

on a smaller scale. First, there are only 23 recognized schools of nursing in Sweden. These schools graduate about 1,030 professional nurses yearly. The entrance requirements are, in the matter of education, below ours. A year of Swedish, Mathematics, Physics, and Chemistry is sufficient. However, the system of education is more disciplined than ours and the girls who enter nursing appear to be a more mature group of women than



many of our girls of the same age. The minimum age requirement for admission to a nursing school is 19.

Entrance fees are required of all students in all hospitals, except for one State-owned free school. The paid tuition is from 150 to 600 krona (approximately \$35 to \$150 dollars) depending on the size of the school, whether it is in the country or city, and the amount of government appropriation for the school. Considering the salaries when they graduate, this is a sizeable amount and often difficult for students to meet. Students live in during their training. Their time is divided among three or four hospitals where they go to receive their specialties. The training period is for three and a half years with a course of study similar to ours with the following exceptions:

1. All bedside or practical nursing is taught at the patient's unit by the head nurse of that floor.

2. Actual nursing care on the maternity ward, in the laboratory or in X-ray is not required unless the student intends to specialize in these fields.

3. Instruction in military nursing with regard to the organization of nurses in the field and the particular problems of military nursing has been added since the war.

Educational requirements were not altered to meet the war emergency.

Red Cross Nurses' Aides and so-called Samaritans have been used extensively. To date there are over a thousand Nurses' Aides registered with the Royal Medical Board.

This has done much to alleviate the critical shortage of nurses. But now that things are again returning to normal, the people as well as the nursing profession are not willing to accept wartime substitutes, and the problem of filling the vacancies in nursing and stimulating the interest of young women in nursing as a desirable profession, again arises.

The publication *Idun* reports several examples showing why nursing in Sweden is experiencing a shortage, just as we are in this country:

"A young girl came up to the dean of a nursing school and inquired about the possibilities for admittance to the school. She was given catalogues and all the information she asked for. Two weeks later she wrote a letter saying that she did not intend to apply for admittance 'because father thinks I should choose a profes-

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*Carolinian Hospital labs are typical of Sweden's modern equipment.
Here, nurse places flasks in centrifuge.*

sion by which I can make a decent living' . . ."

"A Finnish nurse recently visited her colleagues in Sweden. When she returned home she said: 'How can you stand it? You don't do anything but work and work and I can't see that you have any time left for private life' . . ."

"What are you going to be?" one school girl asked another. 'I had thought of becoming a nurse,' the latter said, 'but by now I can't make up my mind. Some to whom I have talked about the profession seem to feel that I am about to become a cleaning woman; others have the im-

pression that I want to be some kind of half-doctor, and I have no desire or talent for either. I want to take care of the sick.' . . ."

The last Swedish census of nurses in late 1944 revealed that there were at that time only 10,006 registered nurses. Sixty-seven hundred of these were employed in hospitals, 108 were industrial nurses and only 60 were teachers! Of the remaining number, 1,800 were public health nurses and 1,768 were registered nurse-midwives. The ratio of nurses to people was one to 783 people. By comparison, the United States has one for every 417 people, England one to

465, and New Zealand noted for its progressive nursing system, one to 215. To Sweden's nursing officials, this is not a happy state of affairs and the outlook for the future is no



less grim. To Americans, however, the situation seemed less critical than our own; for in 600 existing hospitals a survey showed that there were 1,125 vacancies.

Sweden's "supply lines" are nevertheless inadequate. With only a thousand nurses graduating each year,

many of them going into other fields besides hospitals, some of them marrying, and others going on to school, the demand cannot possibly be filled.

More training schools? There aren't enough qualified applicants to fill them now. Lower the standards of nursing? It's a responsible profession requiring the highest type of girl, not someone whose capabilities would fit her for a factory. Recruitment campaigns? You have to have something to offer besides long hours, hard work and poor pay . . . These are the questions Swedish leaders now struggle with.

The average salary for the superintendent of a nursing school in Stockholm is [Continued on page 70]

Photos courtesy: American-Swedish News Exchange



Newest innovation—radio equipped O.R. tables for diversion during local anesthesia. For patient—not nurse!

Calling All Nurses

NURSES WHO WANT to locate friends whose addresses have been recently changed or become lost during the past few years may submit for publication, without charge, a short notice of about 75 words "calling" for information about any other registered nurse.

GRETCHEN F. ALLEN AND CHRISTINE CLINE: Entered Army Nurse Corps at Fort Benning, Ga. March 1, 1941. Please communicate with Ola F. Wedgeworth, 930-23rd St. N. W., Washington 7, D.C.

LT. MYRA VIRGINIA BURRIS, A.N.C.: Last heard of at William Beaumont General Hospital, El Paso, Texas. Had been a prisoner of war at Corregidor or Bataan. Please communicate with Barbara Bishee Swanda, 11 Florence St., Chicopee, Mass.

MARGARET CAMERON: Registered in New York State. Was inducted into the Army Nurse Corps at Fort Niagara in 1941. Her nickname is "Midge." Please communicate with Mrs. E. C. Woods, Gryphon Bldg., Rutland, Vt.

LT. BETTY COLE, A.N.C.: Last heard from at Ft. Dix Separation Center. Please communicate with K. Krishak, 64 Grand St., Garfield, N.J.

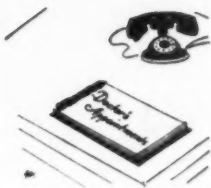
LT. JOAN FALLON, A.N.C.: Formerly at Bushnell General Hospital. Last heard of at DeWitt General Hospital. Please communicate with

T. M. Marody, 9217 Littlefield, Detroit 27, Mich.

LT. DOROTHY L. JACKSON, A.N.C.: Formerly with the Veterans Administration at Legion, Texas. Last heard of in service overseas. Please communicate with Mrs. Mary E. Lacy, 1055 19th Ave. N, St. Petersburg, Fla.

DOROTHY ANN COPELAND, LOU-ANN GOOT, ROSE SALLY REIFLER, LOLA MACRAE MOORE, HELEN E. DANA, MRS. D. E. BOYLES: Your R.N. key tags with keys attached have been returned to this office for want of better address. Please communicate with Mabelle Seifert, R.N. Editorial Department.

ANN OSTROFF: May be known as Ann Kolodny or Margaret Ann Gravely. Last known to have been employed at the Beth El Hospital, Brooklyn, N.Y. Brown hair and eyes. 5 ft. 7 in. tall, weighs about 140 lbs. Is a native of Fort Worth, Texas. Her husband is anxious to contact her. Please communicate with National Desertion Bureau, 67 West 47th St., N.Y.C.



"Office Hours—Nine to Five"

by Ruth B. Scott, R.N.

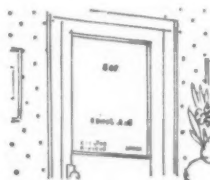
THE FIRST DAYS of my work in a doctor's office stand out as vividly in my memory as my first days in training. I quickly found out that nursing in a doctor's office differs in many respects from nursing in an institution. Of course, what the nurse does in her capacity of doctor's office nurse depends on the type of office, the number of doctors, and the medical specialties of these doctors. My first experience was in a private clinic where six doctors shared office facilities, and four full-time office nurses functioned with the aid of a laboratory assistant and a receptionist.

The office nurse, whether she is working in a group or as the only assistant for one physician, will find that there are many new things she must learn. In my experience, intravenous punctures stand out conspicuously. We did not do intravenous as student nurses but I learned and learned quickly. As one office nurse remarked, "When you get a diploma you are miraculously supposed to be able to give intravenous injections." It would seem that this procedure might well be taught to student nurses if it is going to be expected of them later.

Many nurses wonder about preparation for office nursing. What *must* they know, what *should* they know, and what skills other than straight

nursing, will the doctor expect of them. This, of course, depends on the doctor, his routine, and the type of practice in which he is engaged.

"Do I need typing and shorthand for office nursing?" a friend asked me. "It depends on your doctor," was the



best I could answer. "But you should be able to type a record card if the secretary is ill or away, and whatever business knowledge you acquire will be a great help to you in managing your personal finances."

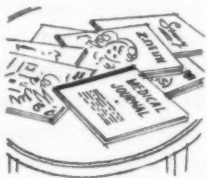
Doctors who do not have a secretary, or share a secretary with other doctors, expect their nurse to answer letters. If you are going to be the *only* employee, be sure to learn simple bookkeeping because you will have checks to handle and records to keep for the doctor and to satisfy Federal requirements.

In some offices the doctor has all his laboratory work done by an R.N., and he may arrange for one of his nurses to go to a hospital for post-graduate work in laboratory techniques. Of course, the more skills you

can bring to your job, the better salary you may command. A registered nurse with no special techniques begins at a lower salary than a nurse who can say, "I can do complete blood pictures and basal metabolism tests." Or, "I am experienced in X-ray."

In talking with office nurses in large cities and smaller towns, I find that today the office nurse may begin at the same salary for a 40-hour week as a hospital staff nurse in a comparable locality is paid for a 48-hour week. Salaries still vary greatly with individual doctors. Some may have a stated salary but may give bonuses of an additional month's salary once or even several times a year. Some have a stated starting salary and give a \$5 a month raise every six months.

If you want to work for a doctor be sure to discuss with him his salary policy at the time you apply for employment. If you get your position through an employment bureau they will undoubtedly have on file his policy as to salary, raises, and vacations. Be sure you have a clear understanding as to hours, salary, and vacations



so that you avoid possible misunderstanding or future dissatisfaction.

Office nursing would be a grand preliminary experience for a public health nurse, I think. She would get a concentrated course in adopting

hospital routines to simpler equipment while keeping the fundamentals of her nursing techniques clearly in mind. She would get a family picture and real satisfaction from following a patient through diagnosis to complete recovery. Among the splendid learning opportunities offered the office nurse is following a pregnancy from its earlier stages through postpartum recovery. In the hospital, nurses as a rule see only the abnormalities of pregnancy until the patient goes into labor. But in office nursing we follow them through nine months with husband, children, and home situations becoming a part of our knowledge. We have a chance to check the worries which they bring to us and to refer symptoms to the doctor, learning what questions the doctor wants us to answer directly and what problems he wants referred to him.

Another specialty that office nurses may be asked to engage in is the giving of anesthesia. Office nurses are frequently asked to give general anesthetics and many of them are reluctant to do so, as they feel that their hospital training was inadequate and that general anesthesia should be given by a registered anesthetist. Brief general anesthesia is common in doctors' offices as is local anesthesia with ethyl chloride. The nurse usually prepares the equipment and the doctor administers the local anesthetic. An office nurse who finds that the doctor for whom she is working expects to do extensive office surgery, or wishes his nurse to accompany him to hospitals where he is expected to provide his own anesthetist, might do

well to ask for a leave of absence to take a postgraduate course in anesthesia. Many physicians might be willing to grant her the time off in view of her added potential usefulness when her course is completed.

"How will I find a position as an office nurse?" you may ask. Doctors watch the hospitals for desirable employees and many of them personally query the student nurse who is about to graduate, or ask a staff nurse whose hospital work has come to their attention. The nurse seeking office employment has three approaches: To apply for a position through a registry or placement bureau; to mention her wish for office nurse employment to a few doctors whose professional ability she admires; to query other office nurses who are often the first to know of a nurse who plans to resign, or a doctor who is looking for someone to fill a position in his office.



"But he said a high enema so, of course, I stood on a chair."

One of the advantages of office nursing is the hours, usually 9:00 to 5:30 with half an hour for lunch, or 9:00 to 6:00 with an hour off in the middle of the day. The war shortage of doctors which kept many offices open until 7:00 or 8:00 at night is already eased, and nurses' hours are back in most cases to eight a day. "It's wonderful to always have Sundays and holidays free," a former hospital nurse said. "I can live a normal life and take an evening class or pursue my hobby of collecting old china." Some doctors arrange their practice so that their office hours leave the nurse free on Thursdays and Saturdays and some are off all day Saturday which gives them two full days every weekend.

Married nurses frequently work part-time in doctors' offices. They may have hours from 10:00 to 3:00, while a full-time secretary handles the business part of the office routine and the nurse concentrates on nursing activities assisting the doctor during his office hours. The catch on working part-time, many nurses agree, is that you often can't get away when your hours are over, and good reasons for coming in early are always appearing. Part-time work is subject to the difficulty of increasing hours, and nurses with part-time jobs should have a clear understanding with their doctor before they start. [Cont. on page 56]



Reviewing the News

Socialization

Nursing made its first public statements on government-sponsored medicine last month when Katharine J. Densford, A.N.A. president, appeared in Washington, D.C. to testify during hearings on S.1606, the Wagner-Murray-Dingell bill. Speaking to the Senate Committee on Education and Labor, she expressed the official opinion of the American Nurses Association and filed with the committee a statement also from the National Organization for Public Health Nursing.

Although Miss Densford said, "The opinions which I am about to express do not necessarily reflect my personal views . . ." and pointed out that "definite action regarding specific legislation on the subject of a national health program . . ." could not be taken by the A.N.A. before its House of Delegates meets next September, her comments were widely interpreted by the press as representing A.N.A. endorsement of socialized medicine. (Example: "NURSE UNIT BACKS HEALTH BILL. Support for the National Health Bill was given yesterday in testimony by American Nurses Association president, Katharine Densford . . ." (This came from Congressional Daily, a news-sheet summarizing all Congressional

activities and subscribed to by magazines and newspapers throughout the nation.)

Possible reasons for this interpretation:

Miss Densford said she represented "the opinions of the Association as made known through Boards of Directors and other representatives of State Nurses' Associations."

She read as part of her testimony a recommendation of the A.N.A. House of Delegates, June 7, 1944, quoted as favoring "the expansion of health insurance plans and providing for nursing service including nursing care in the home. It is believed that in addition to voluntary effort, governmental assistance is necessary for attaining adequate distribution of health services."

Miss Densford added further that, "The American Nurses Association



continues, as always, to be in favor of maintaining and improving the health service for all . . . and will continue to support all sound measures for achieving this goal." She pointed out that the A.N.A. has con-

sistently studied all proposed legislation along the lines of S.1606, and that it has "through its official publication, the *American Journal of Nursing* and otherwise, kept its constituent associations and members abreast of developments."

She also stated that, "No program



of health care or of health insurance, whether voluntary or compulsory, can be considered complete unless the program includes necessary nursing care. Any such program should contain provisions adequate to insure that the nursing services rendered will be of high professional quality."

The N.O.P.H.N. in its statement referred the committee to "a digest of resolutions adopted in 1944" which, among other things, cited the "need for a national health plan that will make nursing services available to all types of communities . . . and to all people;" the need for "expansion of health insurance plans . . .;" and the importance of a nursing program in each community that serves to "coordinate the nursing activities of all existing health agencies." But, the public health nursing association added, "In presenting the foregoing, the N.O.P.H.N. expresses both its interest and concern. For many years the organization has expressed its

continuing interest in a national health program. Its present concern is with the magnitude of the tasks that face the organization and its membership and with the positive contributions that it may make to the movement toward adequate health services for all the people."

Observers concluded that:

Nursing, as represented at the hearings, was favorable to passage of the bill, despite opposition to S. 1606 by the American Medical Association.

And that:

Unable to provide a clearcut endorsement or denunciation, based on actual and timely membership opinion, the nursing associations more than hinted that should such legislation be passed they wanted to be included in it.

Permanent Waves

While the War and Navy Departments are still in process of drafting their bills making Army and Navy nurses part of the permanent corps, legislation placing the wartime Women's Reserves of the Navy and Marine Corps on a permanent basis has been introduced in the House, at the request of the Navy Department, by Chairman Vinson of the House Naval Affairs Committee.

The law limits the direction of women to other women and makes Captain the top rank for Waves and Colonel the highest rank in the women Marines. The bill does not contain the Navy Department's request for women Admirals. [Turn the page]

The peacetime limit for members of the Wave Corps would be 200 officers and 2,000 enlisted personnel, and of the women Marines 50 officers and 450 enlisted women. Other changes in the new bill would entitle women to allowances for husbands in fact dependent upon them, and would remove restrictions limiting women to service in shore establishments.

Navy Nurses

The recently approved Navy Nurse Retirement Act (December 3, 1945) does not entitle Navy nurses to count for pay purposes all time

during which they held appointment as regular or reserve nurses in the Army or Navy Nurse Corps, according to a ruling by Controller General Lindsay C. Warren. The Act was designed primarily to place Navy nurses on a parity with Army nurses, and to allow them to count their inactive service for pay purposes would serve to create an inequality in their favor, Mr. Warren held.

Retroactive pay for Navy nurses held captive by the enemy after December 7, 1941 and prior to August 16, 1945 was assured by an amendment specifically including 16 Navy nurse prisoners. Passed by the Senate on April 12 and sent to the House, the legislation authorized the President to promote these nurses to proper grades with proper dates of rank and retroactive pay. Nurses who were not entitled to subsistence allowances at the time of capture would be credited with 70 cents a day for the period during which they were held prisoner, according to the provisions in the bill.

Memorial

Latest news from Washington campaign headquarters where funds are being raised to erect a clubhouse-residence as a tribute to nurses of World War II:

A total of \$150,000 has been contributed so far toward the two-million dollar goal. The building, according to the most recent publicity, "will include a library, living rooms, and public assembly rooms. Provision will be made [Continued on page 80]



† Capt. Nellie DeWitt is new director of Navy Nurse Corps. She succeeds Capt. Sue Dauser, retired.



ACS—the Story of Russia's Longevity Serum

by *Donald G. Cooley*

GIVEN THE CHANCE, who of us wouldn't take a shot or two of magic elixir to slow the forces that make us grow old, protect against degenerative diseases, and extend our life span to 125 spry and frisky years?

That's a fantastic prospect. Yet scientific researches that compel respect indicate that the day when centenarians will be commonplace may (like yesterday's fantastic prediction of atomic power) not be so remote as we now suppose.

Almost every month the medical profession sees some new "wonder cure" come and go, and through the years there have been dozens of rejuvenation schemes that have flickered out, teaching hard lessons of skepticism. So when a researcher announces that he has developed a serum capable of adding half a dozen vigorous decades to the span of human life, his claims and background should be carefully examined.

By such rigid standards, Prof. Alexander Bogomolets passes the test with flying colors. Little known in this country, he is a towering and brilliant figure in Russian science, director of the Kiev Institute of Experimental Biology. His longevity

serum bears the formidable name of anti-reticular-cytotoxic serum, or ACS, from its initials. The name implies that the serum is a poison to cells and that it acts specifically upon the reticulo-endothelial system.

A startling aspect is the evidence marshaled by Bogomolets that he has tracked down the tissues of the body that stimulate resistance and determine our rate of aging, of growing old and dying. This "youth regulator" is, he is convinced, connective tissue.

Look at your shoes or a pair of gloves or your new handbag. They are made from leather, which is simply the connective tissue of animal skin, tanned and processed. Similarly, it is connective tissue, fine as gauze or coarse as leather, that literally keeps you in shape. In tendons, ligaments, capsules, or membranes, connective tissue interlaces and supports the body structure, not unlike elastic mortar that binds living cell-bricks into resilient walls.

Pull up a fold of skin on the back of your hand between thumb and forefinger. Release it. If your connective tissue has retained youthful elasticity, the fold will promptly snap back into place. As we grow older

this resiliency diminishes. It is notably lessened if we arrive at the stage where our features sag and we begin to wonder about face-lifting operations. In this respect, the relation of connective tissue to youthfulness is obvious to anyone.

But Bogomolets and his large staff of fellow scientists open up new vistas in physiology. Their astonishing conclusions, as announced in this country by the *American Review of Soviet Medicine*, are based upon the concept that connective tissue is intimately related to the transport of nutrients to cells and removal of wastes. While blood is the master



transportation system, it can only bring its nutrients to the outside of the cell—it must deliver its vital load, and pick up a return load of wastes, by a process of diffusion through cell membranes.

As long as connective tissue barriers are fully efficient, exchange of wastes and nutrients is free and complete. Wounds heal rapidly as in the young, resistance is high, degenerative illnesses can't get started. But when connective tissue loses a little of its efficiency, the exchange mechanism of the cells is partly clogged. As a result, connective tissue loses more efficiency, and with it some part of its capacity to keep us rejuvenated. In time, the visible effect is senility.

Many scientists are convinced that the natural span of human life is around a century and a half. One basis for such a conclusion is that the normal life span of animals is five to six times the period they require to reach maturity. On this basis, human beings ought to live 125 to 150 years. Bogomolets is convinced that three-



score and ten should mark the mid-period of a "natural" lifespan rather than its close.

The reason we don't reach such ages in full vigor is, according to his researches, that degenerative disease processes get their start in connective tissue which has slackened in its job of acting as a constant internal rejuvenator. The great destroyers of persons past middle age are the degenerative diseases of metabolism, of heart and arteries, kidneys, cancer. Bogomolets has studied hundreds of centenarians and, significantly, has found that invariably their connective tissue has remained youthful far beyond their years.

A means of stimulating connective tissue to optimum efficiency, therefore, should be a boon beyond price, recharging the fountain of youth each of us was born with. It is just such a function that ACS serum is designed to serve.

The eastern battlefronts of World War II gave [Continued on page 60]



Boys Clubs throughout the U.S. help control delinquency, provide recreation and health supervision for boys of all ages. Here is a brief glimpse of activities at Tompkin's Square, N.Y.C. Like many similar clubs, this one employs a full-time nurse.

RN

Goes to a Boys' Club

by Anne M. Goodrich, R. N.



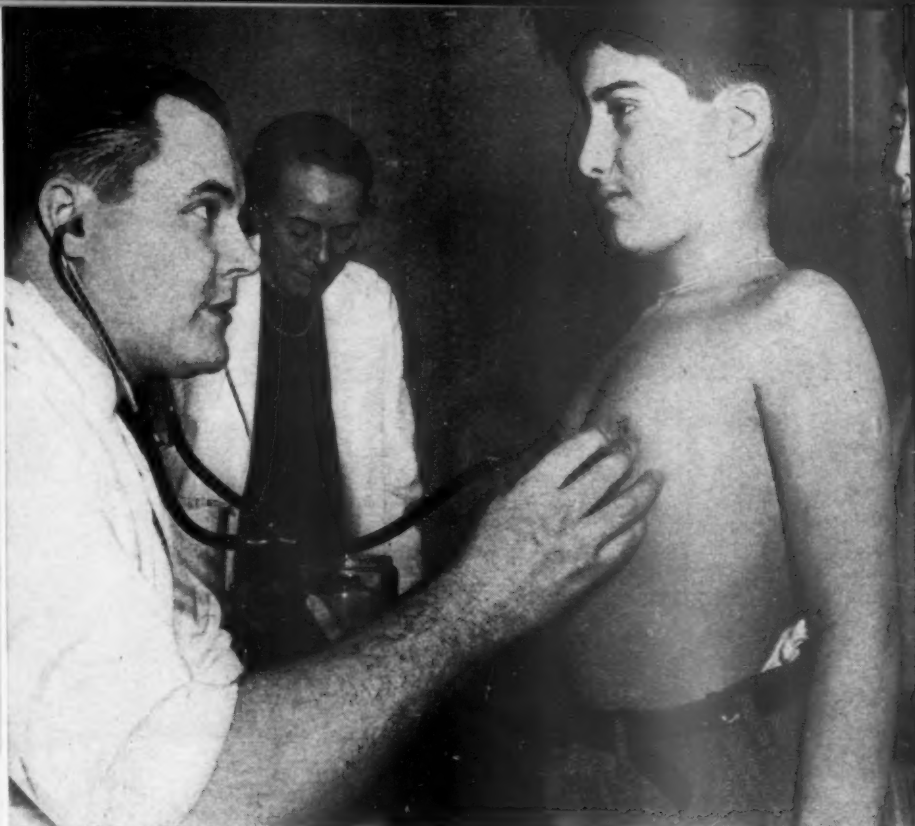
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Pre-membership physical exams determine boy's fitness to use club. Staff nurse Asta Widden visits families to urge followup of doctor's recommendations. Home conditions, observed by nurse, are factors in health of members.



Dental clinic provides filling and extraction services at 50 cents each. Thorough cleaning costs 10 cents; examinations and checkups are free. Nurse keeps all appointment records, notifies local school when club members are scheduled to come to the club for dental care and oral hygiene.



Each member has an annual physical checkup by the Boys' Club doctor. If a defect is found needing medical attention, the boy is referred to his family physician or to a clinic. Nurse assists during examinations, keeps records of all results.



Miss Widden works under medical standing orders which cover lacerations and minor injuries. All boys report to her when they return to the club after illness or when defects, such as hernias, have been corrected. Slips referring patient to clinic or doctor are made out by nurse.



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Heart conditions, hernias, asthma, and sinus may keep some boys out of gym and pool. For them, passive interests, such as carpentry, are recommended.



Boys like Asta Widden, tell her their problems and ambitions. "I never forget," she says, "that the Club's job is my job—to help these boys grow up into good citizens."

A Boys' Club

Photos by Miss Goodrich





Curing Deafness: Doctor Lempert's Miracle

by Charlotte Shapiro, R. N.

IN THE ENTRANCE HALL of a small hospital in New York City a young woman was sitting. There was an interest and aliveness to her face which attracted attention immediately. A smile hovered on her lips and, though she was sitting alone, she seemed to be enjoying herself. Noting my interest, Mrs. Myra Johnson, supervisor of nurses at the Lempert Institute of Otology, called her over and introduced her as an industrial nurse and a patient about to be discharged.

"How are you feeling," asked Mrs. Johnson. The secret smile became a broad grin. "I'm feeling just fine, thanks!" And then, turning to me, "I can actually hear again and it's such fun."

I was witnessing the result of another medical miracle—a miracle which, like most of the so-called medical miracles, was the result of hard painstaking work, long years of scientific research, and of indomitable spirit and courage.

That the deaf can be made to hear by an operation offers new hope to many people, both young and old. Patients treated in this manner have to be chosen and diagnosed carefully, of course. All deafness cannot be treated in this way but clinical oto-

sclerosis, the deafness due to a lesion in the bony labyrinth capsule, lends itself to successful operative cure. The fenestration operation, performed at the Lempert Institute, cures the symptoms though the lesion in the capsule of the labyrinth may remain.

The German surgeon Kessel was the first to try to cure this type of deafness surgically. He loosened the stirrup from the closed window but the window closed again. Sourdille tried repeated operations to keep the window open. His theory was to operate until the regenerative processes of the bone were exhausted. New York's Dr. Julius Lempert started where Sourdille left off.

By 1945, Dr. Lempert had worked on 1,000 cases over a seven-year period. During this time he made many advances in the theory and procedure of the surgical treatment. One of his first problems was to keep the fenestration open after operation, for biologically there is a tendency for bone to repair itself, that is, to form new bone and close the opening. This difficulty was partially solved by the use of dental burrs to remove the endosteum and thus inhibit osteogenesis. A new approach by the front of the ear (endaural antauricular approach)

was developed to minimize tissue damage and inflammation which is an added factor in the stimulation of bone growth. Still there were a number of closures resulting in deafness postoperatively.

It occurred to Dr. Lempert that the normal oval window in the ear was in effect a mobile closed window and that if the new opening could be made to function in the same way it might obviate bone regeneration. "Fenestra Nov-ovalis with Mobile Stoppie" was the result and seems to have solved the problem of closure. For now the new window is kept free of bone growth by means of a mobile cartilage stopple which resembles as closely as possible the normal oval window. The excellent results obtained since institution of this method shows that it is not closure but ankylosed bony closure which prevents the maintenance of hearing improvement after operation.

To determine the degree of prob-



able success for the operation, it is necessary to have a correct diagnosis of the cause of specific deafness. Classical symptoms of otosclerosis include: a family history of deafness; deafness for airborne sound, usually bilateral; hearing of bone-conducted sound prolonged over and above the hearing of air conducted sound. The patient may believe he hears con-

versation better in noisy places. Audiometric testing, after inflation of the eustachian tube, shows that there is no temporary improvement. Upon examination, the tympanic membranes are atrophic and translucent. Anatomic structures of the middle ear are visible. The eustachian tubes are open (patent). There may be a marked difference in hearing between the two ears, but hearing by bone conduction may remain normal while air conducted sound shows a hearing loss. The patient may have any or all of the above symptoms.

Treatment by fenestration is considered suitable after a diagnosis of clinical otosclerosis if the hearing for normal conversation has dropped to a level where it is no longer useful. The middle ear must be free of infection and the drum intact and not perforated. A scarred drum, healed perforation, calcified, thickened, hazy, or retracted drum is not a contraindication, if there still exists in the ear a large enough reservoir of cochlear nerve-function to permit improvement of hearing as a result of improvement of the impeded air-conduction mechanism.

When the patient with otosclerosis has been found to be a suitable subject for operation he may find himself at the Endaural Hospital. The hospital, a six-story building, has accommodations for 32 private and semi-private patients. Three floors in the building are given over to reception, examining, and operating rooms and three floors are given over to rooms for patients. The patients' floors are staffed by five day and five night

nurses who work a nine-hour shift with one nurse rotating to relieve on hours off duty and one to relieve staff nurses on their day off. The staff nurses are paid at the rate of \$180 a month, with two weeks' vacation and six days' sick time allowed during the year. Because all patients are specialized for the first 24 or 48 hours postoperatively, several special nurses are on each floor at all times and a staff nurse has a maximum of six patients to take care of.

Preoperative and postoperative routine is carefully worked out to assure the best results. The night before operation the area around the ear is shaved as in mastoid preparation. At bedtime, soapsuds enema is given followed by a nembutal suppository. According to Mrs. Johnson, "Deaf people are apt to live in a world apart because of their handicap and it is important not to have undue bustle and commotion to disturb them." The alert nurse should be sensitive to the patient's needs and should anticipate his desires so that there is a minimum of strain for the nervous patient.

As in the care of all preoperative patients, it is the nurse's job to see that, insofar as possible, the patient's fears are quieted and his general outlook is cheerful. Because deaf people are sensitive about what is being said in their presence and some of them can lip read to a certain extent, it is important for nurses not to discuss the patient, his condition, or the condition of other patients in his presence. It is equally important not to chat about the weather or carry on any other unnecessary conversation

which, because he cannot hear, may make the patient apprehensive.

The morning of operation 3 grains of nembutal and 3 grains of neonal are given orally. The bed is flattened, pillows removed, and a towel placed over the patient's eyes. The room is darkened and kept quiet. One-half hour after the initial medication, and at intervals specified by the anesthetist, three doses are given in the following order: morphine sulphate, one-quarter grain; a 3-grain nembutal suppository; morphine sulphate, one-quarter grain. The patient is then on call to the operating room. This routine of medication is an excellent preoperative anesthesia. It may, at the discretion of the anesthetist, be supplemented with further anesthesia. However, in the majority of cases, the patient feels no pain and the operation proceeds under analgesia with little bleeding, giving the dry operative area that is so important for good postoperative results.

The operative field is of necessity small and the technique of the operation calls for setting up the operating room specifically for the right or left ear. Over a period of years, Dr. Lempert has developed new instruments and adapted instruments from other fields to suit his purpose. Notable among these are the two dental drills which are used for burring and polishing the bone in making the new window and discouraging bone regeneration. There are also numerous dental knives and chisels, some in their original shape and some which have been bent or shaped to fit a particular need. The set up of both drills

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and instruments must be en-
tirely reversed for right or
left ear operating technique.

Six nurses under the able
direction of Alice F. Murray,
R.N., a graduate of Mary Im-
maculate Hospital in Jamaica,
L.I., are kept busy in shifts
from 8 A.M. to 4 P.M., 11 A.M.
to 7 P.M., and 10 A.M. to 6
P.M. The operating room is a
busy place averaging four op-
erations daily. As most opera-
tions are performed under
analgesia and local anesthe-
sia, the preoperative prepara-
tion of the patient must be
timed accurately. The opera-
tion may usually be performed
in about an hour-and-a-quarter.

As soon as the patient is returned
to his room, the orders for his post-
operative care begin. Their complex-
ity and number make it readily ap-
parent that a special nurse in constant
attendance is mandatory. An intra-
venous of 1,000 c.c.s of 5 per cent
glucose, followed by one ampule of
coramine, is given immediately on the
patient's return to bed. Patients are
kept flat until conscious and until
vertigo has ceased. Suction apparatus
is kept at hand. Aspirin and phenaci-
tin (5 grains each) are given for pain
or discomfort. An additional medica-
tion of codeine and aspirin may fol-
low if necessary. The nurse must
watch the patient's pulse and respira-
tions. Postoperative respirations are
often depressed and may go to as low
as three per minute. The possibility
of postoperative shock, postoperative
bleeding, or postoperative infection



"You lucky man. Breakfast in bed!"

and inflammation of the labyrinth,
while not usual, must be taken into
consideration and the nurse must re-
main ever alert to report all clinical
symptoms.

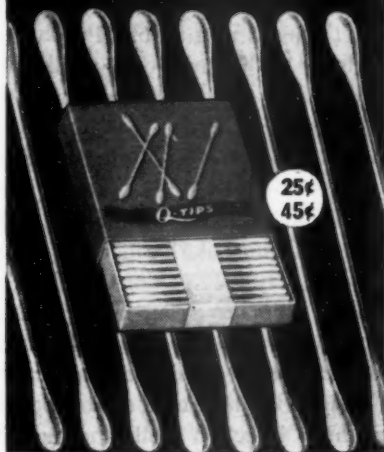
Deep dressing, consisting of re-
moval of the paraffin which has been
poured into the operative wound to
help prevent postoperative labyrin-
thitis, is done on the fourth day. The
area is then dressed daily. Prophylac-
tic doses 10,000 units of penicillin are
given every three hours, seven doses
a day for ten days (3 A.M. doses are
omitted). A recently inaugurated
postoperative treatment consists of
five c.c.s of sterile skimmed milk
given intramuscularly, increasing one
c.c. each day for five days so that the
patient receives a maximum of ten
c.c.s on the sixth day, after which the
dose is discontinued. This treatment
is designed to take care of nonspecific
organism infection while the penicil-

When a swab is indicated *remember—*

Sterilized swabs are safe . . .
Double-tipped swabs save
time . . . Q-Tips are double-
tipped, sterilized swabs—with
tightly woven cotton tips, cor-
rect in shape, uniform. Fas-
tened securely to applicator
sticks. Nurses carry Q-Tips in
first aid kits. Physicians recom-
mend them to mothers for
daily baby care. Get Q-Tips in
handy packages—All Stores.

...sterilized
Q-TIPS
DOUBLE-TIPPED
SWABS

Q-TIPS, INC., New York



lin takes care of the specific.

The patient is usually allowed up on the fifth day and the nurse must exercise care in allowing the patient to proceed slowly as symptoms of vertigo, nausea, and nystagmus may be present. Some patients hear immediately after operation, some a day or two later. The signs and symptoms of osteogenesis (re-growth of bone) may appear as early as four weeks or late as eight to twelve months post-operatively. This regrowing of bone has been a baffling problem for many years but has, in the majority of cases, been solved by fenestration in the dome of the vestibule with careful removal of bone slivers and bone sand and burnishing with dental burrs.

Dr. Lempert has a fairly large and continuously changing group of physicians who come to observe and learn his technique. Mrs. Johnson feels that if these physicians are to achieve maximum success with this specialized operation they must have nurses who have a thorough knowledge not only of the operating room technique involved but of the preoperative and postoperative care of the patient. She, therefore, hopes that it may be possible to inaugurate a postgraduate course for nurses.

Dr. Lempert believes that practical, serviceable hearing for all social and economic purposes can be restored and continuously maintained in a large percentage of patients. That is a scientific evaluation that modestly falls far short of the feelings of the patients who waken one morning to hear all kinds of small sounds they never hoped to hear again.

WARNING!
7 out of 10
have A.F.



SUMMER BRINGS OUT Athlete's Foot at its worst, and surveys show over 70% of adults infected yearly! (Watch out for danger signals—peeling and cracks between toes, itching, soggy skin.) To help keep

feet fit, free of unsightly A.F. infection, use mild, soothing Quinsana *fungicidal powder* daily. Highly effective—Athlete's Foot disappeared among practically all persons using Quinsana (tests of thousands)



EASY TO USE: Shake Quinsana powder daily on feet and in shoes (absorbs moisture, reduces chances of *re-infection* from shoes). Recommended by most Chiropodists; great success in Armed Forces. Use every day.

FOR FOOT COMFORT, against excessive perspiration and foot odor, Quinsana is also excellent. Cooling to hot, tired feet. You'll want to use and recommend Quinsana. Mild, soothing. **THE MENNEN CO., Newark, N. J.**



"If Hospital Floors Were Only Built of Feathers"

... perhaps our feet wouldn't ache so! As it is we nurses put our trust in MU-COL. I take a MU-COL footbath the minute I come off duty and then I'm ready for anything ... even a dance!"

Mu-col

Eases Tired Aching Feet

(due to overstrain)

Dissolve a little MU-COL powder in warm water for a footbath that brings joyous refreshing comfort. That's just one way nurses use this hygienic powder, which is recommended by many doctors for its soothing, cooling action on mucous surfaces.

MU-COL is a balanced saline-alkaline bacteriostatic and mucus solvent. In powder form it does not deteriorate and is quickly soluble, handy for traveling. Among its many valuable uses are: as a hygienic detergent of mucous surfaces, effective nasal douche, gargle or mouth wash, a cleanser for dentures, to relieve discomfort from sunburn, heat rashes, non-poisonous insect bites or other minor skin irritations.

MU-COL is non-poisonous and non-corrosive—safe for the medicine cabinet.

MU-COL Free Samples for Nurses Are Back

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Address
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TO—
THE MU-COL CO.
Dept. RN-56
Buffalo-3, N.Y.

Office Hours

[Continued from page 40]

It is important to work for a physician in whom you have professional confidence and admiration. A young inexperienced nurse may not always know what is going on in the office, and if she finds that her doctor is engaged in malpractice, such as criminal abortion or giving large amounts of morphine, she should leave the position immediately.

In addition to the treatments which the office nurse must give and the amount of assistance expected from her in doing minor surgery, different doctors have different specific requirements which they expect their office nurses to meet. Some doctors engaged in obstetrics expect their nurses to attend home deliveries with them. A friend of mine, who works for the only doctor in a town of 300, often accompanies him on deliveries, for there is no hospital. For her, packing a bag and going along in the doctor's car is a familiar story. "I've sent for all the literature I could get on home deliveries," she writes, "and I can set up the bedroom as quickly as any delivery room. Our patients seem to have fewer lacerations and make excellent recoveries."

The doctor with a busy practice in medicine and surgery will have many patients who require examination, and it is up to the nurse to direct the amount of undressing necessary for the examination and to drape women for gynecological exams. Another factor that she must watch is having the patient, who may have sat in the wait-

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Lullaby in D

There's no sweeter music than the happy cooing of a radiantly healthy baby! And to protect baby's precious health, wise mothers insist on White House Milk . . . and doctors approve their choice. It's no wonder, for every pint of White House is richly fortified with 400 U.S.P. units of "sunshine" vitamin D₃. In

addition, it supplies phosphorus and calcium — the elements so important to help babies build sturdy bodies and strong, straight teeth! White House is wholesome and easily digested, because it's sterilized and homogenized, and provides each essential nutrient of fresh milk. *There is no better evaporated milk!*



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THE WRIST-WATCH YOU'VE WAITED FOR

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The Perfect Nurses' Watch

At last you can have one of these gorgeous wrist-watches. Fine, sturdy, dependable, beautiful. A genuine Bulova. A watch which will help you in your professional work, which you will be proud to wear at any other time and which you can buy unhesitatingly with the full knowledge that you are getting the best. Only \$33.75 including all taxes.

Specifications

17 jewels; 10 karat rolled gold plate top; steel back; SWEEP-SECOND HAND; silk cord with ratchet safety; FULLY GUARANTEED.

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☐ Send it C.O.D. and I will pay the C.O.D. fees

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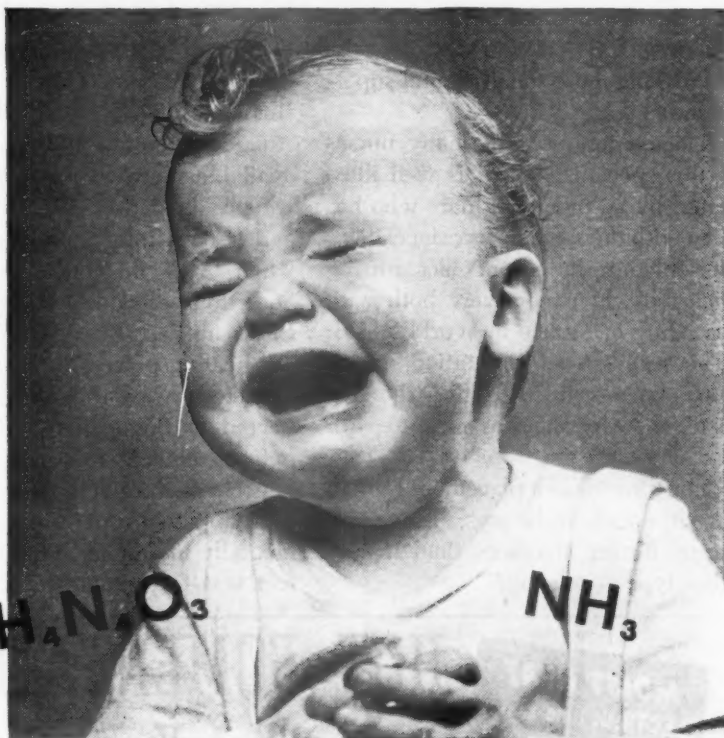
City & State

ing room for an hour, void before going into the examination. Some doctors always want their nurse in the room to assist with examinations. Others only wish her present if examining female patients. In some busy offices it is the nurse's duty only to get the patient ready for examination and to see that the examining rooms are in order and supplied with the necessary equipment.

In some offices it is up to the nurse to keep the doctor's appointment books. Other doctors require their nurses to take the patient's preliminary history. Some doctors write their own prescriptions but others ask the nurses to write the prescriptions at their dictation, ready for their signature. Doctors differ in how much they wish the nurse to relieve them of telephone interruptions by screening the call as to its urgency. All office nurses, however, must have an ability to get along with people, to reassure their petty worries, to see that urgent cases get the doctor's attention without delay, and to manage tactfully to minimize the doctor's wasted time with a long-winded hypochondriac.

A welcome change from hospital nursing is having patients dressed and well enough to be walking. The office nurse does occasionally get her painful situations and must at all times be ready to meet emergencies. A former office nurse who now owns a placement bureau says, "In few other fields does the superior nurse have a better opportunity to increase her income. The doctor may pay what he pleases to the nurse who makes herself valuable to him by taking re-

What is "ACID-MOISTURE"?



How Z. B. T. Baby Powder helps to resist moisture dermatitis in infants

DERMATITIS in infants brought about by wet clothes is a common and troublesome condition. Because of it the physician is plied with questions by anxious mothers. While normally acid because of uric acid ($C_5H_4N_2O_3$) urine may be converted into an alkaline irritant by urea-formed ammonia (NH_3).

On the basis of simple mechanical protection the use of Z.B.T. Baby Powder with olive oil helps to resist moisture dermatitis. Z.B.T. clings like a protective film—lessens friction and chafing of wet diapers and shirts. The mechanical moisture-resisting property of Z.B.T. may be clearly demonstrated. Smooth Z.B.T. on your hand. Sprinkle with water or other liquid of pH higher or lower. Z.B.T. protects skin as the drops roll off.

Z. B. T.

THE BABY POWDER MADE WITH OLIVE OIL



sponsibility, and through efficient management increasing the number of patients whom he has time to see. I know office nurses in this city who are making more than hospital superintendents."

The contentment of many nurses in this specialized field is well illustrated by an older graduate who has been with the same doctor since 1915. Her only interlude from office nursing occurred when they were both with the Army in France in World War I. "The professional reputation of my doctor means much to me," she said in telling why she was pleased with her life work.

The director of a placement bureau sums it up when she says, "I see more happy nurses in offices than in any other type of nursing."

The Story of ACS

[Continued from page 45]

the occasion for testing ACS serum on a vast scale. Gravely wounded Russians poured into field hospitals. Adequate amounts of the serum were available. It was noted that severe wounds healed with startling speed and serious infections were reduced when ACS injections were given. Something obviously was stimulating those injured Russians to mobilize self-healing powers in an utterly unexpected way—though not unexpected to Bogomolets, with his belief in connective tissue.

From such military uses it was only a step to use ACS serum experimentally in animals. One striking effect was to promote fertility in pre-



Large, Effective Unit!

The THERMOPHORE is 13" wide and 27" long. Comes ready to use with 10-foot cord, safety plug, and serviceable switch. Durably made for continued use.

HOT FOMENTATIONS For Your Patients

Here's the easy, labor-saving way to give your patients soothing relief—really hot fomentations with *moist* heat with the famous THERMOPHORE.

This fast-heating, safe, electric unit is welcomed by nurses and by sufferers from arthritis, neuritis, and other stubborn, painful conditions. Approved by sanitariums, it's in demand for quick relief from respiratory conditions, including "flu". Write for new descriptive folder today. Direct factory price—money back guarantee.



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The Home of Physical Therapy

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Years of observation by our chemists and others show that while nearly all normal human perspiration is relatively free from odor as evolved, the development of odor may take place either on the skin or clothing.

For this reason MUM was specially formulated to do two important things: (1) To neutralize stale perspiration odors quickly and effectively without irritating the skin. (2) To function regardless of the type of clothing worn, and at the same time be harmless to fabrics.

A dainty, snow-white cream, MUM gives many hours of freedom from embarrassing perspiration odors. Why not try a jar of MUM today—and recommend it to your patients?

MUM

TAKES THE ODOR OUT OF STALE PERSPIRATION



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viously sterile females. Such related reproductive functions as egg and milk production were correspondingly increased. In human beings, there is experimental evidence that the serum prevents recurrence of cancer after surgical removal and improves patients with such chronic conditions as hardening of the arteries and high blood pressure—common in bodies that are aging.

Such results are produced not by germ-killing, as with antiseptics, nor by the equivalent of hormone therapy which merely replaces deficient substances, but by a unique stimulation of the body's own defensive machinery.

Just what is ACS serum? How is it made? Theory is based upon proved biochemical principles. When

tissue-substances of a specific animal organ are injected into an animal of another species, the latter will develop in its bloodstream certain elements which, extracted as serum, will act destructively upon that specific organ when injected into the original animal. A "middleman" animal is thus necessary in preparation.

In the case of ACS serum, the human organ involved is the reticulo-endothelial system. Such cells are most conveniently obtained from human bone marrow and spleen, where they occur in large numbers. The human donor must be young, must be healthy, must not be harboring infection, so the realistic and practical Russians obtain the basic ACS material from the corpses of healthy young persons who have met accidental death. The cells thus obtained within six hours after death, are injected into horses. ACS is then prepared from the horses' blood, after the animals have had time to elaborate reactive substances in response to injection.

Since ACS serum is a cytotoxin or cell poison, sufficiently large doses would be expected to destroy the reticulo-endothelial system if injected into human subjects. However, the dosage of ACS serum is extremely minute and the reaction is one of *stimulation* rather than destruction. A theoretical explanation worked out by the Russians is that the tiny dose gives a "boost" which enables the youth-preserving mechanism to clear out accumulated clinkers and thus run again under its own full power.

Injectations are given into a vein of

"O-O-O-O MY FEET!"
 WHY SUFFER WITH FOOT TROUBLES THAT DRAG YOU DOWN? TIRED, BURNING, TENDER, ITCHING, PERSPIRING FEET OR CORNS AND CALLOUSES GIVE YOU THAT E-X-H-A-U-S-T-E-D LOOK.

QUICK RELIEF!
 GET PROMPT RELIEF WITH EFFICIENT, SOOTHING JOHNSON'S FOOT SOAP—THE OLD TIME FAVORITE FORMULA OF BORAX, IODIDE & BRAN. SOFTENS CORNS & CALLOUSES.

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STOPS MY PER-
SPARATION WORRIES
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stops perspiration worries completely...
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FRESH contains the most effective perspiration-stopping ingredient known to science.



FRESH is a smooth cream that doesn't dry out in the jar. It is never greasy. Never gritty. Never sticky. Usable right down to the bottom of the jar.

FRESH is gentle... accepted for advertising in the publications of the American Medical Association.

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under the skin. Though given to promote wound healing, to stimulate resistance to infection, or for other specific purposes, the longevity benefits are reported by the researchers to accompany each dose—a kind of plus value. Indeed, Bogomolets is of the opinion that two doses may be enough for a lifetime.

And he is thinking of a lifetime with a natural span of upwards of 125 years. After research covering several decades, he concludes that ACS serum does not extend the normal span of life but merely helps one to live the full quota of years intended by nature. In short, persons dying at threescore and ten are victims of premature old age, cheated of perhaps half a dozen decades of

vigorous life that is owed them. In his view, ACS serum does not enable us to extend life so much as it prevents us from shortening it.

The implications of this startling contribution of Russian research are so tremendous as to stimulate laboratory work in this country along the lines suggested in the Bogomolet reports. Corroborative evidence, undoubtedly requiring many months will have to come from American workers before ACS serum enters the therapeutic field. But if it lives up to its clinical promise only in part, we may well in time have an addition to the armamentarium that in its own astonishing way will steal some of the limelight from such "miracle" drugs as penicillin and streptomycin.



DOO-TEE NURSERY SEAT

Designed to meet the training recommendations of nurses and pediatricians. Adjustable footrest aids in normal bowel evacuation. Or seat can be used on chamber so that infant plants feet firmly on floor. Duck deflector aids posture—prevents slumping forward and gives infant sense of security—something to hang on to. Sturdy. Sanitary finish. No folding devices pinch baby's fingers.

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A New Aid for Nurses

in disseminating information about

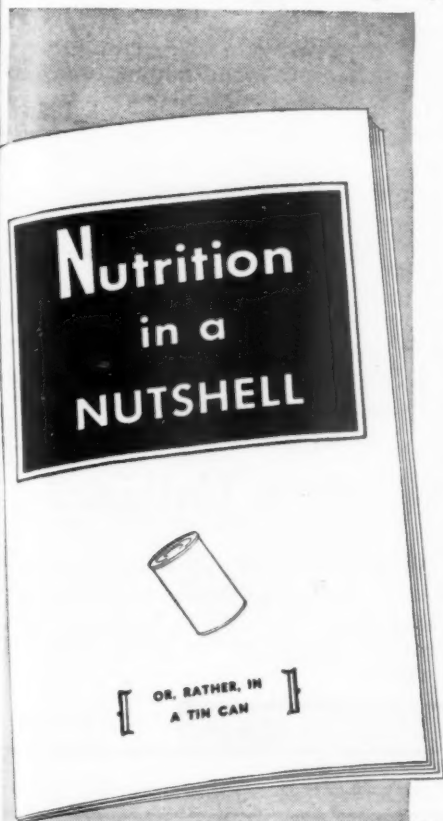
everyday nutrition

FREQUENTLY, as you well know, the professional nurse is asked for information about nutrition — in her contacts with the general public.

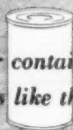
To provide such information in concise and convenient form, here is an authoritative little booklet, written in lay language. It presents the essential story of nutrition in general — and many new, valuable, and interesting facts about canned foods in particular.

The information in this booklet is based on the findings of an exhaustive research project, now in its fifth year, conducted at five great American universities, and jointly sponsored by the National Canners Association and the Can Manufacturers Institute, Inc.

As a reader of this publication, you are cordially invited to make wide use of this booklet. The coupon below is for your convenience.



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GENTLEMEN: Without any obligation on my part,
please send me _____ complimentary copies
of your booklet "Nutrition in a Nutshell."

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Married Nurses

[Continued from page 31]

They admit that competition is healthy and a spur to effort. An economic situation that demands that the proficient bow out in deference to the inefficient is invalid and would, in time, result in deterioration of the profession. Because marriage involves certain definite obligations and responsibilities, however, it might be wise for the working R.N. who enjoys that state to quiz herself on the following:

1. Am I, by working, stinting either my job or my home?
2. Am I happy in my work and in my home?
3. Am I physically able to fulfill

the demands on me?

4. Does my husband have valid objections to my working?
5. Do I neglect my children's welfare, physically, mentally or spiritually?
6. Am I contributing to my profession by nursing?
7. Am I contributing to my family by nursing?
8. Am I depriving an equally competent nurse of a job?
9. What, if anything, am I losing by having a full-time job?
10. What, if anything, am I gaining?

An honest analysis of these questions and their answers should serve as guidance to the working matron. For Miss S., who may be only a step

EVERY MOTHER NEEDS A Bathinette*

COMBINATION BATH AND TABLE



The "Bathinette" Way is the Accepted Way of bathing babies. Hammock with Headrest supports baby's head—leaving mother's hands free for bathing. Equipped with Shelf for baby's things and Spray for filling Tub and rinsing baby.



BABY BATHINETTE CORPORATION
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*An amazing number of nurses
take the time to write us of
ALKALOL'S effective relief for tired eyes.*

**ALKALOL is cooling, soothing and
helpful. We would like to send you
an eye dropper bottle. May we?**

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Pain of dysmenorrhea may be promptly relieved by 'RIONA' Capsules which combine the antispasmodic effect of 'Propadrine' hydrochloride and the analgesic effect of acetophenetidin and aspirin.

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Gentlemen:

Without charge, please send me a clinical trial package of 'RIONA' Capsules.

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removed from matrimony, here is a special quiz.

1. Am I judging others without full awareness of their problems?
2. Am I happy in my work and in my private life?
3. Am I giving "full measure" on the job?
4. Do I lead a well-rounded life which will indirectly benefit my patients and co-workers?
5. Do I neglect my mental and spiritual life?
6. Am I contributing to my profession by nursing?
7. Am I finding compensation in outside activities for my hours of nursing?
8. Am I as efficient and likable off duty as on?

In the nursing world there are "many mansions." Those who bar the doors unnecessarily or who break in unworthily are equally to blame. Let the controversy between Miss and Missus simmer to a truce before it ever reaches a full boil, and the energy expended on it go toward furthering the profession.

[R.N. will welcome reader opinion on both sides of this still controversial issue.—THE EDITORS.]

NURSE VETERANS OF WORLD WARS I AND II: Also nurses still in service. We invite you to join the Jean Cargill Nurses' Post No. 129, American Legion. Please communicate with Mrs. Jane B. McKernan, Commander, 839 Farmington Ave., West Hartford, Conn.



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in the treatment of
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perspiration . . . and for
destroying odor! You'll see it for
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**stops perspiration and odor
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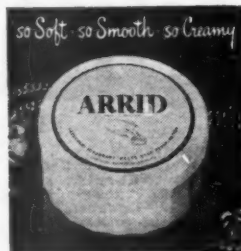
You'll love the smooth creaminess of this new, improved Arrid!
And of course it's greaseless, stainless! Antiseptic, too! Get
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ARRID . . .

*used by more nurses than any
other deodorant*

* All Postwar Arrid packages are marked with a star above the price.



Spotlight on Sweden

[Continued from page 36]

\$40 a week! That is a high average. An ordinary floor nurse makes \$22. A comparison with other professional groups ranks nurses in the lowest salary group. More specifically, the head of a 700-bed hospital in Stockholm is in the twelfth salary group, and by comparison, a public school teacher is in the seventeenth, a floor nurse in the seventh and a kindergarten teacher in the ninth.

Working hours are supposedly eight hours for day duty and nine for night, with one day off each week. During the war, nurses worked until the work was done; now they hope to revert to peacetime standards.

Returning to peacetime living is

not as easy as it sounds. There is still a critical shortage of houses with no immediate prospects for improvement. Current imports of coal do not cover more than 5 per cent of present needs. Before the war, Sweden imported in three weeks as much coal as it received during the whole of 1945. Food is not too plentiful. Sweden has worked hard to supply her neighboring wartorn countries and is continuing to do so. Clothing is still scarce for the same reason and because of the shortage of raw materials all over the world. In the past Sweden has worked hard to improve the overall standard of living and, now that the need to meet sudden war emergencies is over, this again is her primary interest.

Among the bills submitted to the

SPEEDING UP CONVALESCENCE

.... *through Aid to Lagging Appetite*

GRAY'S COMPOUND acts as a "bitter tonic" to stimulate the lagging appetite, and aids in the digestion and assimilation of foods, thus helping to achieve optimum nutrition; useful also in shortening convalescence following common and severe colds, influenza, and other debilitating ailments.

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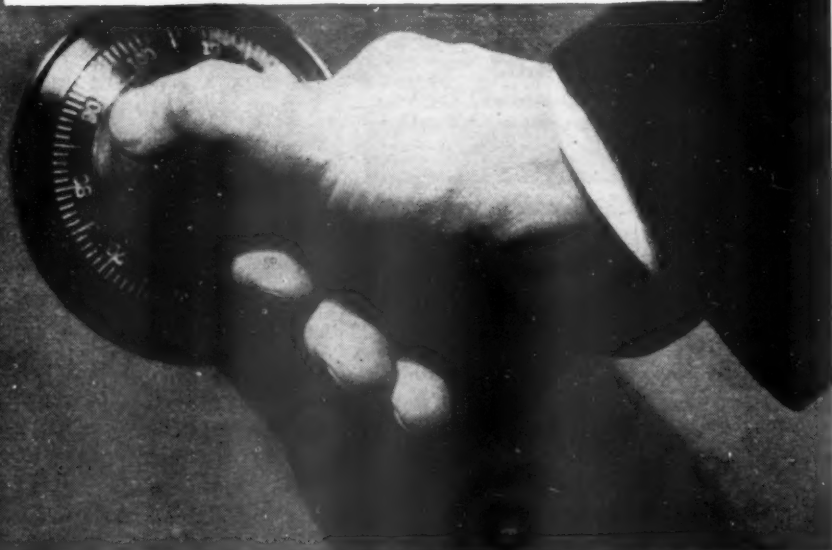
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The right combination for obtaining results in the treatment of many Skin Conditions, is the use of MAZON and MAZON SOAP. The success of MAZON where other medications failed, suggests your own trial.



FOR EFFECTIVE DERMAL THERAPY

MAZON

Indications include Eczema, Psoriasis, Alopecia, Ringworm, Dandruff, Athlete's Foot and other skin irritations not caused by or associated with systemic or metabolic disease. Mazon is anti-pruritic, anti-septic, anti-parasitic. It is easy to apply and requires no bandaging.

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COMBED YARN
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Easy to wash at home,
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An excellent tailored style
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FREE TRIAL PACKAGE, dosages and complete formula to nurses on request.



LOBICA, Inc., 1841 Broadway, N. Y. 23

current Riksdag (Congress), is one providing compulsory sickness insurance. (Up till now there has been compulsory accident and industrial disease insurance.) Another proposer increased aids to mothers and children. At present every woman is entitled to a hundred krona for the birth of a child. This is done partly as a benefit for the women who need this extra money and partly as a bonus to encourage larger families for the birth rate of Sweden is not increasing. Indeed the present shortage of girls in their twenties is due to the low birth rate during the years 1921-1930. (This also is another cause of the great shortage of nurses.)

Free vacations for underprivileged housewives and free lunches for their children is another proposal. Increased obligatory protection of workers against industrial accidents is also scheduled. These are merely additions. Already instituted are laws giving pensions to every blind person, an old age pension system to which everyone over eighteen must contribute, a law under which expectant mothers are not allowed to work for a certain number of days before and after delivery, unemployment funds which, though small, are able to provide the bare necessities, and finally a unique system under which families living in publicly subsidized apartments have their rent decreased for each new child born.

Along with these social reforms is the Public Health Plan which, like the other aims of the government, is one of prevention rather than of cure. This fact does not prevent the Swedes

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During the war, Pressure Bandaging became an important therapy in the treatment of Burns, Amputations and Soft Tissue Wounds. Even in civilian and industrial activities the incidence of such injuries is great.

Ace Elastic Bandages have proven their therapeutic value in this field — as they have done in hundreds of thousands of cases of varicose veins

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Remember — there are two kinds of Ace Elastic Bandages:

ACE—Without Rubber—No. 1

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The Ace-Without Rubber should only be compared with other all-cotton elastic bandages. The Ace-With "Lastex"* should only be compared with elastic bandages containing rubber.

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from having a hospital system which is one of the least expensive in the world. In the provincial hospitals the patient pays the equivalent of 50 to 75 cents a day, this rate being reduced to 25 to 30 cents a day after 30 days. The highest hospital rate in Stockholm is about \$1.37 which is reduced to 88 cents after 15 days. If, as is often the case, the patient cannot pay this, it is paid for by approved insurance societies, these societies being supported by public funds. The country-wide hospital system is maintained by carefully balanced financial collaboration between the national and local governments with the national government taking over more and more the cost of defraying expenses. The tendency

towards increased State aid is most marked in covering maternity care, preventive care for mothers and children, and care of the chronically ill.

High taxes are, of course, the medium through which it is done. One unique feature of the high taxes is the government control of the liquor industry. It permits the sale of liquor in specified quantities if a province wishes it, but all profits exceeding 5 per cent are turned back to the government treasury. This system also applies to the tobacco industry and betting on horse races and football games.

The hospitals are being modernized in every way possible. Among the newest ones is the Carolinian group, a modern well-equipped med-

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Pain, Swelling, Soreness

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The "Moist Heat" of ANTIPHLOGISTINE is also effective in relieving the pain and swelling of a sprain, bruise or similar injury or condition.



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"... TO THE HIGHEST PROFESSIONAL STANDARDS"

AMONG THE MANY things a nurse learns in her profession is the importance of using the right white shoe cleaner to make one of her daily chores as easy as possible.

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BOTTLES & TUBES
10¢ AND 25¢ SIZES

ical center with a medical school and research facilities besides the hospital. Included in the Carolinian group is the State Institute of Public Health where nurses receive special training in their last year of school if they wish to be public health nurses. The training in this work is thorough and extensive, for a district nurse has not only to care for the sick but has to keep an eye on the general health and sanitation of the community.

In keeping with all these improvements are the plans made by the Swedish Nurses Organization in connection with the government for improving and supplementing the education of nurses, and for improving the living conditions for nurses.

Raising the wage level is one of

the first aims. They will be aided in this by the fact that there are now two female inspectors of nurses on the Royal Medical Board who will have the nurses' interests at heart.

Proposals have been made that married nurses be permitted to take part-time jobs in the hospitals, and this will relieve the full-time nurse of some of the burden.

The training of midwives on the basis of the nursing education has been keenly discussed during the last years. At present there are two schools of midwifery in Sweden. The training takes two years and a nurse must be a graduate to take this course. Proposals have been made to allow a student to receive an 18 months course in midwifery after he

It is up to the Nurse . . .

to co-ordinate procedures so that the oxygen tent canopy is opened as infrequently as possible. Thus reducing waste and maintaining the prescribed concentration.

Send for the Linde Oxygen Therapy Handbook. There is no charge.

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*"I always use Poloris to relieve the
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For over 30 years the dental profes-
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CAP... Keeps nipples germ-free for storing or out-of-home feeding. Sterilized cap may be used for orange juice, cereals, etc.

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second year of nurses' training.

The lack of teachers for schools of nursing is considered to be a definite handicap, for the head nurses on floors do not have the time to give the students an adequate practical supervision. Also, it is difficult for the schools to keep up with what the head nurse is teaching. They have hopes that instructors will be appointed to take care of the practical nursing besides the theoretical.

Although practical training in the maternity ward, laboratory, and X-ray is not compulsory, it should and probably will be included in the future curriculum.

At present the education of nurses and their position as a profession is in a state of transformation. Certainly it is to be hoped and expected that when order comes out of the chaos of war, their place will be among the highest of learned and honored professions. If nurses work as hard in peace as they did in war, their niche will be won.

R.N. FANS: I have a number of back copies of this magazine and wonder if you would like to have them. Please communicate with Katherine Sullivan, 3750 Broadway, Apt. 66, New York 32.

GRADUATES OF ST. VINCENT'S SCHOOL OF NURSING, TOLEDO, OHIO: Our Golden Jubilee celebration will be held May 22, 1946. If you have not received a notice, please communicate with Director of Nurses, St. Vincent's School of Nursing, Toledo 8, Ohio.

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Relief



When dietary indiscretions follow the usual pattern and result in gastric hyperacidity and consequent stomach upset or nausea, BiSoDoL, the time-tested antacid alkalizer, will prove an effective counter-measure. It acts quickly and dependably, is pleasant to take and is possessed of the widespread medical acceptance you have every right to expect of any preparation you recommend.

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Reviewing the News

[Continued from page 43]

for kitchen and dining room facilities and sleeping accommodations for 300 women. As a memorial to nurses who have lost their lives in the military service, individual rooms in the club will be named in their honor. The building will thus be equipped as a service club and temporary residence, as well as a social and educational center for service nurses."

All qualified women in the medical services of World War I and II will be eligible for membership. Resident members (within 100 miles of the clubhouse) will pay membership dues of \$12 a year, entitling them to use

of lounges and other facilities; nominal fee will be charged for sleeping accommodations and meals. Non-resident members may sign up for one dollar a year.

Occupation Medal

An Army of Occupation Medal which will be made of bronze though the design has not been selected, has been authorized by the War Department for award to members of the active military services in the United States who served with the Army of Occupation in Germany, Austria, or portions of Italy subsequent to May 8, 1945 and in Japan or Korea after September 2, 1945. The service rib



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holds greater opportunities for the capable Nurse Technician than ever before. It is the one field that is not overcrowded, and one in which professional ability is highly regarded and recognized. Our catalog will be of interest and we shall be pleased to mail it postpaid upon request. *Established 28 years.*

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no chafing, fits readily into the purse because of its *small size*, and is *easily disposed of*.

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bon of white, black, and red will be worn immediately after the World War II Victory Medal service ribbon.

To be eligible for the medal individuals must serve at a normal post of duty within the zones of occupation. Temporary duty in passenger status, as an observer, visitor, escort, or inspector will not be counted. Appropriate clasps marked Germany and Japan have been authorized to be attached to the ribbon of the medal, though no more than one medal will be awarded to any individual regardless of whether service has been performed with more than one Army of Occupation.

Athletics

The first overall program of athletics for the Army Nurse Corps is being planned by the recently appointed director of A.N.C. athletics, Lieutenant Marie C. Quigley, of Knoxville, Tennessee. Lt. Quigley, formerly assistant staff director at the Louisiana State Health Department in New Orleans, is at present stationed in Frankfort, Germany. "Nurses during wartime operations found little time for athletics, but in occupied Germany living conditions for the Army nurse are considerably improved." Opportunities are presented for varied diversions from ski trips in the mountains to swimming meets at coastal resorts.

Equipment formerly assigned to Wacs will be used. "Nurses should certainly profit by an organized athletic program now," Lt. Quigley says.

[Please turn the page]

My Little Girl Eats Them Like

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RN-5-46

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Name R.N.

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Careerists

The National Nursing Council has rechristened its wartime recruitment committee, "Committee on Careers in Nursing," at the same time announcing its intention of enrolling 40,000 students in basic professional courses between July 1946 and July 1947. Says the Council, "While giving all possible thought and guidance on long-range problems, the committee realizes that in the immediate future it will be dealing with what continues to be an emergency situation.

Typical of what comprises "an emergency," is the situation reported by hospitals in the city of Rochester. Here the lack of nurses has caused the closing of floors in three of the city hospitals and, reportedly, 150

beds are not in use because of missing nursing personnel. Part-time nurses have been keeping some staffs near to numerical strength and nursing schools are now training fairly large classes; but applicants for the incoming classes are few in number, says the Rochester Hospital Council.

Money to Spend

A new bill (H.R.5866) introduced into the House by Representative McKenzie would provide for free mailing privileges for war veteran patients in veterans' hospitals.

Two bills providing funds for health projects have recently passed the Senate. The first provides funds for a Senate health survey and appropriates \$40,000 for the purpose

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"Let them **EAT** milk!"

When patients cannot tolerate, or refuse to *drink* cow's milk, they will often delight in *eating* flavored rennet-custards prepared with either "Junket" Brand Rennet Powder or Rennet Tablets, containing rennin. • Besides changing the physical consistency of milk—often psychologically so important—rennet-custards yield softer, finer curds which are more easily digested than the hard, large curds of untreated cow's milk. • For further information and samples of free infants' and children's diets, please fill out coupon. We'll also include samples of "Junket" Rennet Powder and Tablets.

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Tell us what position you want—where you want to be. We'll send you one of our forms. When you've filled it out and returned it, we'll know your qualifications and requirements. Through long acquaintance and personal investigation we also have a comprehensive picture of professional possibilities open to you in the West. We submit positions we think you would like. YOU decide whether we should open negotiations for you with the employers. Before you realize it, you'll be on your way to new interests, new experiences, a broad new field of opportunities.

ANAESTHETISTS—(a) Junior anaesthetist, approved course and year's experience, 135-bed Hawaiian hospital; \$207.50, maintenance. (b) Approved 100-bed clinic hospital, north of San Francisco; \$235. (c) Obstetrical anaesthetist for 350-bed Southern California hospital; \$250.

GENERAL DUTY—(a) Two nurses, one afternoon, one night duty; modern air-conditioned desert hospital, Southern California; \$210, meals, 8-hour duty. (b) Copper mining company hospital in Nevada needs general duty nurse; \$192.50, maintenance, 8-hour duty. (c) Small county hospital, Nevada; \$155, maintenance. (d) Small inland hospital, Southern California; \$180, maintenance. (e) Several tuberculosis nurses needed, Southern California mountains; unit of large county hospital; \$155, maintenance.

OPERATING ROOM SUPERVISOR—Large teaching hospital, San Francisco area; units in nursing education required in addition to postgraduate course and supervising experience; \$250-262.50.

SUPERINTENDENT OF NURSES—Small private general hospital near famous California winter resort; \$250, maintenance.

INSTRUCTORS—Both science and practical; degrees; California training schools; salaries open.

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OBSTETRICAL NURSE—Well-established maternity hospital, Southern California; \$180, maintenance.

MEDICAL RECORD LIBRARIAN—For 600-bed county hospital north of Los Angeles; large department; \$225, meals.

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(Agency)

Elsie Miller, Director

The second calls for the establishment of a national neuro-psychiatric institute and calls for an appropriation of \$4,500,000 for construction of the buildings and an additional \$10,000,000 for the first year's operations.

The National Advisory Council of the U.S. Public Health Service has approved 13 federal grants-in-aid for cancer research. The amount appropriated is \$149,430, and the projects approved include laboratory and research studies from Maine to Minnesota.

Meantime, the Ways and Means Committee of the House are holding hearings on the changes in the Social Security Laws. The Wagner-Murray-Dingell National Health Bill is in process of hearings. The Committee began discussion of the bill on March 18 and is expected to finish hearings the first part of May, though the controversial content of the bill makes it possible that more witnesses will be heard.

—And to Spend

Legislation increasing the pay of nurses in federal government service, both civilian and military, moved closer to enactment this month. The House on April 15 rejected an inter-service proposal of a flat 20 per cent increase in pay for personnel in the armed services and passed a bill which increases pay on a graduate percentage basis, running from a 50 per cent increase for privates to 10 per cent to captains and above.

The annual pay for second lieutenants of the Army, ensigns of the

Have YOU heard what they say about YODORA?



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The rhesus monkey has been found a suitable test animal for this purpose, because it responds to the effect of a laxative in a similar way humans do.

It is an expensive way of assuring quality. But Ex-Lax resorts to no cost-saving shortcuts. Unvarying effectiveness has earned for Ex-Lax the reputation of dependability; its *gentle* action,—not too strong, not too mild,—has made it the “Happy Medium” laxative.

Utilizing phenolphthalein in a palatable chocolate base, Ex-Lax is the preferred laxative for adults and children, for use during pregnancy, and for nursing mothers. Nineteen reports in the medical literature of recent years attest to the suitability of phenolphthalein whenever a laxative is indicated.

An interesting booklet on the findings of modern research about phenolphthalein, and a trial supply of Ex-Lax, gladly sent to nurses.

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Navy, and junior assistant nurses of the U.S.P.H.S. was increased from \$1,800 to \$2,160. The annual pay of first lieutenants in the Army and comparable grades in the Navy and U.S.P.H.S. was boosted from \$2,000 to \$2,400. Army captains had an annual raise of \$240, majors \$500, lieutenant colonels \$350, and colonels \$400.

For the military, increases are effective under the present law only during the war, as they are contained as amendments to the officers' pay section of the 1942 pay act to which nurses assimilated for the duration.

The civilian employees' pay bill also was in conference between House and Senate as *R.N.* went to press. In lieu of the average 11 per cent increase voted for Civil Service employees by the Senate last December, the House has approved a \$400 annual increase for every employee regardless of grade. Members of the Civil Service Committees of the two Houses are attempting to reconcile Senate and House versions of the bill.

War Bridegroom

The first French war bridegroom to arrive in the U.S.A. is Alain Chartier, listed as military dependent of his wife, a former Army nurse of Woonsocket, R.I. The couple met in Michigan when the husband was a member of the Free French Air Corps undergoing flight training. Returning to fight for his native country, the bridegroom was discharged in North Africa and returned on an Army transport in mid-April.

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2 Lotion leaves a discontinuous film. The lotion is a homogenized emulsion of mineral oil, water, and lanolin. Leaves a discontinuous film of micron-size oil globules.



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Limited to nursing profession in U. S. A.

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To apply, write a separate application for each opening and address to correct box number, care of R.N.—A JOURNAL FOR NURSES, Rutherford, N. J. [R.N. does not conduct an employment service, but forwards your inquiries to placement bureaus and individual employers. Send no money with application. Bureaus requiring a fee will send you a bill.

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ANESTHETIST: Hawaii. Qualified as surgical supervisor; relatively new hospital located on one of smaller islands; \$225, maintenance. (Placement bureau charges \$2 registration fee.) Box MB5-1.

ANESTHETIST: Illinois. 100-bed hospital. Apply: Belmont Community Hospital, 4058 West Melrose Street, Chicago 41, Illinois.

ANESTHETIST: Michigan. 50-bed hospital; 200, full maintenance; \$254.50, no maintenance. Apply: Supt., Central Michigan Community Hospital, Mt. Pleasant, Michigan.

ANESTHETIST: West. Teach anesthesia in large hospital in San Francisco area; on all alternate nights; \$3,780; maintenance if desired. (Placement bureau charges \$2 registration fee.) Box C-228.

ASSISTANT DIRECTOR OF NURSES: East. Procurement and assignment of graduates and students; 400-bed hospital; town of 90,000; near New York and Phila.; \$225, full maintenance. (Placement bureau charges \$2 registration fee.) Box MB5-5.

ASSISTANT SUPERINTENDENT: New York. General hospital; affiliated with State Teachers College; assist with student guidance and health program; some teaching; \$150-\$175, full maintenance; room, bath, faculty living room and kitchenette. Apply: Supt. of Nurses, Physicians Hospital, Plattsburgh, N.Y.

ASSISTANT SUPERINTENDENT: South America. Small private hospital serving American and British residents; supervising nursing staff and training American and Peruvian students; \$200, maintenance and transportation. (Placement bureau charges \$2 registration fee.) Box MB5-6.

CLINIC NURSE: Central. Small clinic in residential town; recent graduate preferred;

not less than \$150. (Placement bureau charges \$2 registration fee.) Box MB5-7.

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1. Starr, P.: Surg., Gynec. & Obst. 74:309 (1942).
2. Jolliffe, N.: In Handbook of Nutrition, A. M. A. 1943, p. 521.

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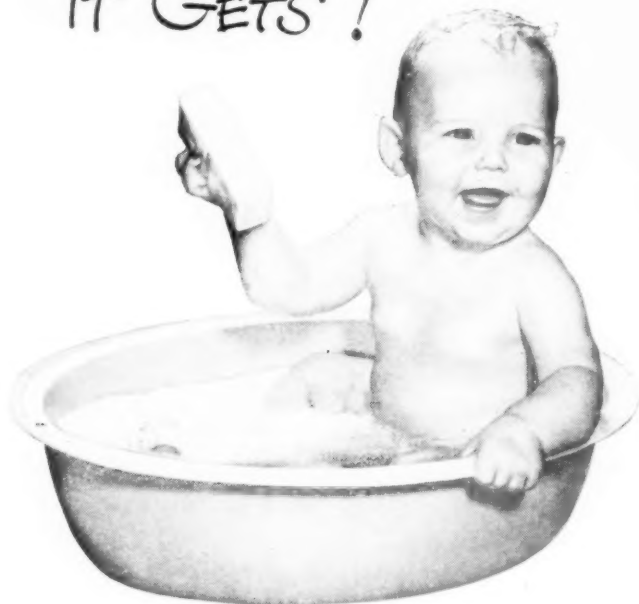
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